

SOCIAL WORK in the CURRENT SCENE

SELECTED PAPERS, 76TH ANNUAL MEETING

NATIONAL CONFERENCE OF SOCIAL WORK

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Foreword

THIS VOLUME represents a departure from the past practice of printing only one volume of papers chosen from the large number of those delivered at each Annual Meeting. The Study Committee of the National Conference recommended in its report in January of 1949, which has since been adopted by the Executive Committee, that the *Proceedings* of the Annual Meeting should be published in four volumes. Volume I would contain the papers delivered at the General Sessions and a summary of the Section and Associate Group meetings, and the contents of the other volumes would be in accordance with the new plan of organization of the Annual Meeting. Since the program of the meeting will not be fully reorganized until 1951, however, it was not possible to adopt the Study Committee plan for this year's *Proceedings*.

The Executive Committee felt, however, that an effort should be made to make available as many papers as possible from the Cleveland meeting, and as a result decided on the following interim plan. Two volumes are to be published, the first as outlined by the Study Committee and the second containing a selection from the papers delivered at the Section meetings. It should be pointed out that when the Study Committee plan is in full operation, papers presented at the Associate Group meetings will also be included, but this was not feasible this year.

This volume, then, represents an interim arrangement. While not providing as many papers as it is anticipated will be printed in the future, it gives a more complete selection of Section papers than has been possible in the past. It is also hoped that by publishing in a separate volume the papers which deal with more general subjects, this volume will present a clear and coördinated picture of "social work in the current scene."

The Editorial Committee responsible for the selection of manuscripts for publication in this volume was composed of Cora Kasius (New York) and Bess Craig (Chicago), with Ralph Blanchard (New

York), President of the National Conference of Social Work, and Joe R. Hoffer, Executive Secretary, serving in an *ex-officio* capacity.

The Committee considered approximately 135 papers from which 36 were selected for publication. The criteria of timeliness, pertinence, authenticity, and significance for present-day needs and for future records, which have been tested in the past, were followed again this year. All papers submitted were read by all members of the Committee. As in other years, many papers which were of great value to the Conference program could not be included, and omission of any paper should not be considered as adverse criticism.

Since the Conference is an open forum for the discussion of social welfare problems, divergent views on many subjects are frequently presented. In the selection of papers for this volume the Editorial Committee has made a particular effort to present different points of view on controversial issues. The selection of any paper does not, of course, imply endorsement of its views by the Conference or the Committee, nor does exclusion of any paper imply the opposite.

The task of the Editorial Committee was facilitated by the careful ratings of the papers prepared by the Section chairmen. The Committee wishes to express its appreciation to Dorothy M. Swart, of Columbia University Press, for her able assistance in preparing the manuscripts for publication.

HELEN ROWE

Chairman, Editorial Committee

New York, New York
September 1, 1949

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PART ONE
PHILOSOPHY



Human Rights and Social Work

By JANE M. HOEY

WHAT CAN BE ADDED to the admirable enunciation of human rights contained in the Declaration of Human Rights of the United Nations? Surely nothing is to be gained by relisting or rewording those rights. It would be appropriate, however, to consider certain aspects of this subject perhaps not fully explored, or about which there is disagreement, and give illustrations from the field of social work. Any discussion, to be profitable, must identify obstacles to progress in achieving human rights for all persons, and suggest some practical steps that may be taken in the field of influence of the discussants.

Since our conscious actions are motivated by our convictions, is the first step an analysis of our own attitudes and philosophy about human beings and their rights? There is no problem in securing agreement that human rights must be made a reality for us as individuals, for the people we like, and for those whose background and behavior we approve. But what about the application of these rights to people we dislike, distrust, or fear? Do we have enough conviction about human rights to work to secure them for such people? If not, why not?

Perhaps we have not fully explored the question. Why should there be human rights? What are the distinguishing characteristics of human beings that justify insistence on rights for them? In the document previously mentioned, "rights" are enumerated and described but not defined. Possibly some of our confusion arises from lack of understanding as to the source and basis of human rights.

I am neither a theologian nor a philosopher, and so am not competent to discuss the nature of man, but I can give you a few ideas that I have garnered from many sources that have been helpful to me in my concern about human rights.

Rights are related to the condition and function of being. The rights of the various orders—vegetable, animal, human, and divine—are determined by the particular circumstances of being in those orders. The Creator is in the divine order and has absolute rights. The

rights of human beings are determined by the nature of man. The functions of being born, of breathing, eating, growing, reproducing, and dying coexist in man with functions of the higher order of will, intellect, and conscience.

The scope of man's rights, therefore, extends to the point where they border on the rights of the Creator. They yield only to the higher order. The limit of man's rights are made explicit in the "Thou Shalt Nots." But the basis for man's functioning in harmony with other human beings is clearly emphasized in the mandate "You should love one another as I have loved you." (John 15:12.)

The Declaration of Independence affirms belief in "certain inalienable rights" resulting from the endowment of all men and cites life, liberty, and the pursuit of happiness as among these rights. Do you accept that belief? If not, what do you believe is the source of human rights? Surely not the state or Federal government? This is frequently, I believe, a basis for confusion in thinking about human rights.

Rights are innate in the condition of being and are determined by the order of being. They are not privileges conferred by the community or by government even in the case of civil rights. The state or government can affirm, guarantee, and defend rights, but cannot bestow them. That government is not the source of rights is specifically recognized in the ninth and tenth amendments to the Constitution. In fact, the Federal and state governments are restrained from arbitrarily invading certain areas of the personal life of the citizen in the first ten amendments to the Constitution known as the "Bill of Rights."

A definition of a "right" by an eminent author and sociologist emphasizes this need for protection of personal freedom: "A right is an extension of personality intended to give protection at a point of danger to one's interests. It is in effect a touch of sovereignty in personal life which others are held to respect. Rights prevent invasion by others of the domain of personal life."¹

While acknowledging the autonomous nature of rights we recognize the role of government in affirming and protecting rights and creating a medium in which these may be exercised. One reason for not restricting this discussion to civil rights alone is because of my recognition of responsibilities of government in respect to rights of man

¹ William J. Kerby, *Introduction to Social Living* (Washington, D.C.: Catholic University of America, 1948), p. 67.

which do not ordinarily fall within that classification. Civil rights pertain to man living in a political unit. These rights are essential to citizenship in a free society. However, important as these are, they cannot be considered in isolation from other human rights. They are in fulfillment related to, and dependent upon, economic, social, cultural, and spiritual rights.

For example, the protection of life and the freedom of the individual to control his own life, unless his actions are in conflict with equal rights of others or are injurious to the common welfare, are guaranteed in the documents upon which our civil institutions are constructed. These rights are also enumerated in the Declaration of Human Rights of the United Nations. Our governments, federal and state, have operated, for the most part, in accordance with these mandates.

But life can be maintained only if the essentials for living—food, shelter, clothing, etc.—are assured. Man usually provides these necessities for himself, but sometimes it is impossible for him to do so because of certain hazards of living, such as sickness, unemployment, and old age. Have the governments, Federal and state, any obligation to see that the means to life are made possible or are provided for him? Certainly. Otherwise, the security of his person is guaranteed, but we permit him to starve to death! A little inconsistent? In assuring the right to life, of course, we do not imply any governmental control of it. Whatever methods of helping man to earn a living or income maintenance are devised, the recipient must be free to manage his own affairs.

A demonstration of desirable systems of providing social security has existed in the United States for over thirteen years. However, all workers are not insured against all hazards. Benefits are not available for all employed persons; even under existing programs of unemployment insurance and old age and survivors insurance, and especially under the latter system, the amounts of benefits are insufficient to meet average need. Have social workers any obligation as citizens to work for universal coverage of social insurance and for a comprehensive supplementary program of public assistance for all needy persons? I see no more important responsibility that they could assume to give reality to the "right to life."

Another example of the interrelationship of various types of rights might be in order. The ability to qualify for citizenship and to exercise

the right to participate equally with other citizens in the affairs of government is clearly a civil right. Is not the exercise of this right dependent to a very important extent upon the adequacy of governmental provision for education? If a man is illiterate, he cannot qualify for citizenship. As a result, he is, in fact, deprived of his right to citizenship even though no law prohibits his voting.

While it has become a habit in this country to blame government for any condition which we think affects our interests adversely, all the blame for infringement of civil and other human rights cannot be placed justly at the door of government officials. Every citizen in the United States has an obligation to participate fully in the operation of government. Democracy can be jeopardized, we know, very quickly by indifference of citizens. If they will not take the trouble to express and record their views through the process of voting, they can expect decisions they do not understand or approve. If a limited number of people are given powers which should be shared by all the citizens, then threats to democracy inevitably develop. Pressure groups can have a heyday when the interests of all groups are not expressed and balanced one with the other. In this way, large numbers of people are denied their civil and other human rights, not directly but indirectly, but the results are the same.

Have social workers a responsibility in this area also? Of course. We are citizens and we must act as citizens to secure the right to citizenship for all people. This involves not only the right to vote, for those who have achieved citizenship, but the opportunity for an education suited to capacities that will enable every adult person in the entire country to qualify for citizenship. I am convinced that this cannot happen until the Federal government shares with the states the cost of an adequate educational system. Social workers, who know the price we pay when only substandard public social services, education, health, and welfare are provided, have a responsibility they cannot shirk to point this out to appropriate bodies.

Even the right to religious freedom is impaired when there is not clear understanding as to the proper relation between Church and State. From an able theologian ² comes this suggestion. There are two societies, spiritual and temporal, in which man lives. The structures, the Church and the State or the government developed within the

² John Courtney Murray, S.J.

State to carry out the responsibilities of each, are autonomous each in its own sphere but require "harmonious collaboration in the interests of the total good of man." We have seen, especially in Europe, evidence of conflict and denial of human rights when either body acts outside the area of its own responsibility or "uses its powers as instruments to ends that are not its own." Even in this country we have evidences of confusion in thinking about the rights to religious freedom and some denial of certain aspects of these rights by social workers who wish to impose their will upon the recipients of social services. Such services are sometimes denied both by public and by private agencies when there is unwillingness to comply with the worker's judgment about matters of conscience to the individual concerned.

Without question there is a very direct and obvious relationship between human rights and social work. The objective of social work is to secure for individuals and groups their human rights to life, to a decent standard of living, to equitable treatment before the law, and to opportunities for education, health, security, for an economic and social status consistent with human dignity, and for cultural and spiritual development.

The special contribution that social workers have made, as distinguished from that of other professions, is emphasis upon understanding the total needs of man and helping him to decide upon, and to achieve in spite of his handicaps, desirable goals. This focus of social work must not be lost sight of whatever the area of specialty in which we work or whatever techniques or skills we employ.

Another reason for social workers to feel unusual responsibility in respect to securing human rights is because we are close to large numbers of people and we have an opportunity to accumulate information about denials of human rights in whole or in part. We can develop skill in promoting understanding of such rights and see ways in which obstacles to progress in achieving recognition of human rights can be overcome.

In numerous instances, social workers have fought a good fight to secure rights for individuals and groups. However, we have not all established priorities in our own minds in respect to rights. We know, realistically, that we cannot secure recognition of all rights for all people at the same time in all parts of the country.

What is the most important human right we must fight for imme-

diately? I would say the right to life and the security of person. You can fill in the other rights in the order of importance as you decide. Probably the opportunity for cultural and spiritual development would come high on our lists combined with the chance to learn skills and use these to secure employment and wages that make possible a decent and wholesome standard of living.

Social workers too often work alone in efforts to secure recognition of human rights. We must accumulate facts on a scientific basis and learn to interpret these in such manner that we have a meeting of minds with other professional and lay groups. Only through coöperative action and great wisdom as to the manner in which we present our program can we expect to have established sound legal and financial basis for the enforcement of civil and the other related human rights.

We appreciate today as we did not fully in the past that we must operate on two fronts at one and the same time. We have no reason for existence as a profession if we do not continue to work with the individual or group requiring and desiring particular social services and render these in a manner most acceptable to the parties concerned and in the interest of the common welfare.

However, in addition to the specialized services we provide and recognition of the desirability of the extension of certain of these programs to all people who wish them regardless of need, we must always be aware of the economic and social setting in which people live and the forces that affect individuals over which they have little or no control. To acquire the broad knowledge and perspective essential to develop sound plans and programs in these areas to meet both temporary situations and long-time needs is very difficult and clearly not the sole responsibility of social workers. Nevertheless, we can collect and present evidence, on an objective basis, that may help in pointing the way to solutions. We have not always recognized the basic causes of human distress, nor pointed out effectively ways of preventing disasters. We know the cost in human and economic terms of inadequate public services, health, education, housing, and welfare. How can we tell the story in a way that will command attention and action?

Social workers, like other people, find excuses for denial of human rights. We sometimes salve our consciences by letting "nature take its course," by "alibiing" that education is a slow process. Whom are we

educating and has the process started—public or personal education? Often the answer is “no” in either case.

Fair employment practice legislation in the Federal government and in some states has brought quickly to thousands in minority groups opportunities they were previously denied, and they, and we, have profited by the advantages they have secured.

At what point shall we as social workers take hold of this problem? Let us begin with ourselves, face conscious or unconscious prejudices and eliminate them, make possible continual growth in terms of personal appreciation of human values, spiritual as well as material. Let us maintain the focus of social work on individuals and their rights and develop the necessary professional knowledge and skills to promote understanding of human rights and to fully implement these, at least in social agencies. In the larger unit of society we must participate as citizens with other groups in civic and social movements to improve standards of living and to secure for everyone full recognition of rights. Finally, to come back to my original thesis, unless we can develop deep convictions, all of us, about human rights and are willing to work for them for all people and to discipline ourselves to respect them, we are not worthy of the title “social worker.” We betray the trust that the community has placed in us.

Today's Social Situation—A Challenge for Action

By GERTRUDE WILSON

THE FOREMOST PROBLEM of society today," says Mr. Justice William O. Douglas, "is to cultivate and preserve incentive and independence for the individual and security for the masses of people."¹ In expanding this thesis, he says further that, "If we have an understanding of the problem and faith in our capacity to solve it, we have found the road to survival." To travel this road, we must have considerable skill in driving. Traffic on the road to survival is hazardous, characterized by "jams," "crashes," "speeding and slow-moving vehicles"; the lanes are crowded with high-powered machines, horse-drawn buggies, and hitchhikers. Progress is hampered by conflicting routes causing confusion and delay. Some routes offer short cuts, across toll bridges to camps dedicated to the survival of one group of people at the expense of another. Many side roads divert traffic from the common goal of human welfare.

The main road is not ready for through traffic. Tunnels must yet be driven through mountains of social norms resistant to change; bridges built over rampant rivers of unawakened social concern which flow irresponsibly across the pathway; crevices of self-interest and prejudices must be eliminated; ruts filled with incapacitating disease, physical and emotional, must be removed; rocks of ignorance obstruct travel, causing detours in antisocial directions. Traffic is congested because many—blocked by fear—cannot decide which road to follow.

The building of this highway is the greatest pioneer undertaking yet to be proposed to the people of the earth. It involves every man, woman, and child of this generation, and of the generations to come, in the creation and use of both old and new equipment and tools. The most important implements are the hands, and mind, and heart of

¹ William O. Douglas, "The Human Welfare State," *Survey*, LXXXV, No. 4 (April, 1949), 207.

each human being. This undertaking demands human engineering of the highest skill. It requires division of labor and teamwork among both leaders and followers with similar objectives.

Progress on this pioneer project is the goal of all those who desire to achieve a society where each individual has equal rights and equal opportunity to participate in the decision-making processes through which a democratic society is maintained. It is an interprofessional undertaking involving teachers, clergy, doctors, lawyers, business and industrial leaders, labor leaders, recreation leaders, social workers, and all citizens. Neither social work nor social group workers carry this responsibility alone. Specialized knowledge of human needs and professional skill in helping people meet them place an additional obligation upon social workers to work with others toward the achievement of a reconciliation of this dichotomy between independence for the individual and security for all individuals.

The successful achievement of any goal is directly related to the clarity of its definition and the conviction on the part of the participants of the value of the objective. While there is room for no argument about the need for organization for human survival, there is considerable difference of opinion about the methods to be used and even about the personnel of those who should survive. Equal participation by human beings from all parts of the earth is still unaccepted by some in theory and by most of us in our actions. Therefore, faith in the capacity of all human beings to participate in this process is an idea which needs exploration and translation into action.

"Faith" is one of the most powerful words in any language. It signifies a philosophy, a source of strength, and a direction to behavior. It is the result of knowledge and experience of individuals in their conquest of life. It is at one and the same time personal and social. No human being develops faith in isolation from others. Faith is the result of a reciprocal process. An individual has faith in others because others have faith in him, and, conversely, he cannot have faith in himself unless others have faith in him. His first knowledge and experiences from which he develops faith are in his relationships with his parents and siblings; later, in his associations with his peers and with small intimate groups. From all of these he receives emotional support, intellectual stimulation, and a sense of belonging to something greater than himself. In primary groups, he learns, at times, to put the good

of the whole above his personal immediate desires. Throughout these early childhood days he asks profound questions—why?—who?—how? He is aware of an order in the affairs of his life which is greater than the life about him explains. He develops a conception of a greater power—for most children, a God—to be loved, feared, and believed in. The extent of his faith is directly related to his experience with symbols of love and sources of fear in his actual daily life.

Fortunate indeed is the child whose family and group experiences provide a basis for the acquisition of the faith which provides emotional security for adolescence and the rest of life. Faith in oneself, in others, and in God, expressed in mature relationships is a qualification for effective participation in the critical world situation today. The social situations in which many people of the world have grown to adulthood have not been conducive to the development of large numbers of adults who have this faith. The Industrial Revolution, two world wars, depressions, and continual warfare in many countries have kept in motion social forces which have denied many of the world's people both the physical and the emotional nourishment needed for the development of this necessary characteristic.

We have faith in the capacity of human beings to develop a basis of world-wide, coöperative living only because we have experienced human relationships in effective groups. We know from experience in living and working in such groups that interpersonal relationship is an admixture of coöperative and competitive qualities. We know that personal and social experiences represent a continuous struggle between acceptance and rejection of people, of ideas and their meaning. We recognize the factor of ambivalence in every human relationship, and further recognize that faith in human beings must be implemented through educative and rehabilitative help if this ambivalence is to be directed toward constructive social living.

The value of human experience in groups made specific through research in psychology and the social sciences demonstrates:

1. That the degree of capacity of human beings to develop coöperative living is directly related to the quality of their personal experience in groups
2. That their patterns of behavior are molded by their experiences in family life where permissiveness and limitations are integral parts

of the love and affection needed to help them carry personal and social responsibilities

3. That this pattern is further developed in small intimate groups

4. That people need throughout life emotional support and intellectual stimulation from small, intimate groups as well as from large representative groups through which social goals of personal and social significance are achieved

When individuals fail to have group experiences of this nature they are unable to contribute their share in building the road to a cooperative society. Society, in turn, has the responsibility to provide such individuals with protected groups and supportive help through which they can become effective participants. Practice in the art of helping groups to achieve socially significant goals indicates the need for such practitioners to have:

1. Acceptance of the principle that the quality and effectiveness of large representative groups are dependent upon the quality and effectiveness of small groups

2. Recognition that conflict is the basis of integration

3. Conviction that solutions to conflict are possible through the decision-making processes within groups

4. Realization that democratic participation in groups is a skill to be learned through democratic group living

5. Acceptance of responsibility for provision of such services to groups and for evaluation of the results against established professional criteria

In light of these assumptions, it is clearly seen that the quality of family and group life of each age, social class, ethnic, political, and economic grouping is of major societal concern.

In the days when the earth was populated by many widely separated societies, unrelated to each other, the individual was part of a society which he could encompass. He had continuous compresence in all of it. Perhaps he belonged to a tribe or town meeting where his voice counted and he participated in discussions which affected him; or maybe he lived in a state of subjugation to a known and identifiable overlord, king, or ruler. But in the course of one generation, the boundaries of society for each individual have become those of the world itself. For example: prices of food, clothing, and all goods are to

be understood, not only in terms of the cost of raw materials and production, and of domestic demand, but also in terms of foreign social and economic conditions and foreign demand stimulated by private loans and investments, the program of the Economic Coöperation Authority, unilateral trade treaties, and other international trade agreements. The simple, everyday things have become very complex. The individual needs and must have the support of primary and representative groups through which he can achieve understanding of today's complexities and regain his self-respect and confidence in his own capacity to share in the determination of his way of life.

It is through this tendency of individuals and groups to seek mutual support from others in a common cause that the structure of all societies has been built. One of the most serious situations which faces us, as a nation, today, is the prevalence of vested interest groups endeavoring to use the power of government to gain advantages at the expense of other groups with equal rights and claims upon governmental support. Each group goes directly after its own objectives without the tempering influence of "town meeting" discussions directed to a consideration of the needs of the group as a whole. This influence upon government through the lobbyist of special interests in contrast to the expression of general social welfare determined by the integration of these interests is the result of the failure of local government and private groups to solve conflicts through integration at the grass roots. While it is true that in addition to innumerable local organizations and groups of many kinds, practically every profession, trade, occupation, hobby, and special interest has a national association with local branches, there is little if any structure through which these groups operate to achieve an integration of their interests with differing ones for the sake of the common good. In other words, the non-governmental groupings today are vertical, based on the vested interest of special groups; the governmental groupings, while horizontal, have become institutionalized, impersonal, and too large for the solution of group conflicts.

The primary group provides the opportunity for members to satisfy personal needs and develop social relationships with their intimate associates. It does not, however, provide a link with other groups with differing interests. When a collection of individuals has had sufficient experience with one another to be able to speak of "our group," when

it has developed a structure which gives the members support and provides for division of responsibilities and when some traditions and customs have developed, the group is ready to participate with other groups on a representative basis.

It is through social organization in local communities that structure for representative grouping is established which not only helps the primary group to meet the immediate social hunger of individuals but also provides the channels through which groups of varying interests struggle with the complexities of modern social life and develop a program of integrated social welfare.

Leadership is an essential factor in this process; without it, groups stumble, falter, and fail. With leadership, groups achieve goals, but the quality of the goals is dependent upon the philosophy and purposes of the leaders and their supporters. Goals may be achieved by eliminating the opposition, subjugating it, compromising with it, or making alliances, but permanent social welfare goals are achieved only through integration. This kind of road building is laborious and slow, as illustrated in the use of the discussion method in contrast to the executive order. It involves faith, conviction, patience, and integrity of purpose coupled with a high degree of skill in affecting interpersonal and intergroup relations. The role of leadership in the integrating process is that of helping others to help others to take responsibility until the actual leadership role is shared and delegated to each according to the needs of the situation and the special competency of the participants. Integration takes place in groups where the shared responsibility has motivated each to seek a common objective in contrast to achieving his own objectives, unchanged by the interest and needs of others.

Integration, upon which the most effective operation of a democracy is based, is possible in groups where the members have achieved maturity for their age and are consequently free to secure satisfactions for themselves in the achievement of groups. The obstacles to the successful functioning of a democracy are to be overcome not only in the education of the young, but also through rehabilitative service to people of all ages whose growth processes have not resulted in the ability to "give" in groups as well as "take."

Social group workers not only help individuals to secure the satisfactions and support of primary group relationships, and enable

groups to work together toward common goals, but they also contribute to the effectiveness of the interprofessional teams serving communities of our nation. While social group workers have made great progress in these areas, it is essential that we continuously evaluate those factors which aid or retard progress.

Recognizing that many individuals in every age group are not emotionally prepared for responsible participation in groups, the social group worker uses his skill in diagnosis of social development to temper the social process to meet the needs of the members and also seeks to help the members to make effective use of the resources of the community. The lack of sufficient community resources is one of the factors in the social situation which retards progress. Lack of adequate mental hygiene and other health facilities is one, if not the most glaring, deficiency in most local communities. Another source of difficulty is within our own ranks where coöperative work with social casework agencies is becoming increasingly difficult. Some casework agencies operating on a pin-point focus make it necessary for the social group worker to carry the responsibility of helping members to explore their problems and to reduce their ramifications to specifics in order to meet limited intake policies. Other casework agencies, apparently interested in serving clients with clearly neurotic problems, fail to see some of the everyday problems of group members. A few years ago, social group workers would have accepted such rejections as an indication of their own inadequacy and failure to recognize the meaning of the symptoms they observed. Today, social group workers have professional understanding of human behavior, they are able to recognize behavior indicative of need and to help individuals mobilize their strength toward seeking help.

One social group worker describes the situation in her community as follows:

I think it can be very safely said that the earliest case finding is done in schools and group work agencies. I am concerned with how long the "cases" we find remain in our schools and group work agencies and never get to the right family and child welfare services. I'm concerned, too, that when they do get to the point of referral that there is such a long waiting list at the case work agency, or the people have to go so far to get to the agency, or the same client has such a turnover in workers during treatment that any help seems lost in the shuffle. I am concerned that many case workers, particularly when they work with children, lose sight of that child as a mem-

ber of a school or play group, and because of this, lose sight of two-thirds of the child. I'm concerned with the many youngsters in the clubs at our agency who are referred in September by a Visiting Teacher, become a client of the Child Guidance Clinic in December, are transferred to Family Service in February, and end up in June on the special load of the Bureau of Social Aid, because the mother has begun to receive ADC. Each one of these agencies has met a specific need, and met it reasonably well during the time they carried the family on their active list. I raise the question of whether or not we have gotten so specialized in our agency functions that we have fragmented human needs, and also the means of meeting them, and although we can accept and support the fact that our workers must be specialists in certain areas, might our agencies become more human need oriented, with a team of experts to treat human needs. It has taken us a number of years to get self-conscious enough about our separate functions—to go off in our corners and develop them. Now I'm wondering out loud if we had better soon begin to bend back together again, into one setting, or fewer agency settings, where a team of workers, each skilled in one segment of human need, works together to meet the total needs of a single family.²

While strides in the development of social group work practice have been made, there still remain many problems which need solution before practice becomes as effective an instrument for achieving social welfare goals as its potentials indicate. The agency in which social group work is practiced is an intergroup, and its operation should be a continuous demonstration of a creative experience. The structure for such experience involves clarification and division of responsibilities and channels of communication providing for coöperative and dynamic operation of the group as a whole. Factors which retard such achievement include: failure to determine specific social welfare goals toward which agencies are working; failure to use research methods in program planning and adjustment of agency structure; inadequate job descriptions and uncertain channels of communication; assignments of responsibility unrelated to time analysis of workers; failure to employ personnel equipped with the professional skill needed for professional assignments; and, closely related, the inability of agencies to secure professionally qualified staff even when salaries above the going rate are offered because of the scarcity of such workers in comparison with the demand. Other factors which

² Mary Lee Nicholson, "Issues and Problems Faced by Group Workers in Meeting Community Needs," *Proceedings*, Alumni Conference, School of Social Work, University of Pittsburgh, 1949 (unpublished material).

retard the achievement of our goals include the failure of the agency to provide the material equipment for adequate service, such as program supplies, clerical services, and other supplies necessary to the recording process essential to professional practice. These problems are still with us, but to greatly lessened extent than a decade ago. They will be eliminated only as each agency as a whole develops faith and conviction about the value of service to primary and representative groupings for personal and social welfare; and when such agencies are able to do a better job of interpreting the values of their programs. These values need translation into words which members of the community can understand without effort, and while the actual program content should be described, there is need for interpretation in terms of the needs which the services of the agencies help individuals and groups to meet.

The representative nature of the membership or clientele of an agency is another area necessary to assess in this consideration of positive and negative factors in the current situation in which social group work is practiced. Are individuals of the neighborhood equally comfortable in our agencies regardless of race, religion, or social class identification? Note that this question is more penetrating than one that deals with the policy of the agency. There is considerable difference between an open-door policy and its implementation into a comfortable climate. Halfway measures such as assigning days or hours to one group to the exclusion of another and other compromise measures are of doubtful value and may create social factors which retard the agency and the community on the road to coöperative ways of living.

The decision-making process is the core of creative group experience. The degree of participation in decisions is one of the measures of the value of the group to individuals and of the intergroup to its constituent groups. One of the factors which retards the achievement of social work goals in agency groups is the limited autonomy which some of them enjoy. How autonomous can organized groups be? It stands to reason that groups identified with social agencies function within the philosophy and purposes of their sponsors. What part do the constituent groups play in the policy-making process of the agency? The roots of this question lie in the agencies themselves. How responsibly are the agencies taking their part in the formulation of social programs related to known needs of their members and to those

of their immediate community? How are these balanced with the needs of society as a whole? Through identification with the agency in areas of like interest, and through freedom to pursue different interests, individuals and groups find personal security and social competence—the essence of mental health and the earmarks of an effective society.

Progress of real significance on the part of many social welfare agencies is evidenced today in the sharpening conflict between their supporters and their critics. Their supporters define social welfare as a participating process through which programs are organized to provide healthy group life for all people through governmental and private provisions for adequate housing, medical care, floors for wages and ceilings to profits, equal rights to employment, civil rights, and other measures necessary to provide a basic security for all and freedom for the individual. Their critics define social welfare as the benevolent obligation of the strong to care for the weak who are unable to meet the competition of their fellow men in achieving the necessities of life, and they give little if any attention to the process by which the factors in the social situation may be changed to provide equal opportunity for successful competition. The adherents of each philosophy claim to be defending the best in the American tradition. One places emphasis upon the coöperative responsibility of all people to create a social situation in which there is equal opportunity for the exercise of individual independence. The other places emphasis upon individual independence and fears loss of freedom for the individual through controls of the social situation. These differing philosophies and attitudes are manifested in community chests and councils, in state legislatures, and in the Congress of the United States.

On the community level, the chests and councils offer a laboratory for the use of the social process in intergroup relationships toward the reconciliation of this foremost problem of society. As participating members of such organizations, we must not only have an understanding of the problem, faith in our capacity to solve it, and respect for the rights of people to differ, but also courage to develop clear-cut programs in line with the social welfare goals in which we believe, skill in making them effective, and fortitude in evaluating and interpreting them without fear or apologies alike to those who support and those who criticize.

We have identified as basic the solution of the conflicts now existent between individual freedom and social security. We have recognized the responsibility of all people to work together toward a reconciliation of this dichotomy. We have accepted the responsibility inherent in the possession of specialized knowledge of human needs and skill in affecting interpersonal relationships. We have emphasized the importance of primary and representative groups as educative and rehabilitative media in the achievement of social welfare goals. We have enumerated some of the strengths and weaknesses of current social group work practice in helping groups become more effective. And, finally, we have emphasized that it is natural and desirable that conflict in methods of achieving basic social welfare goals exist and, furthermore, that the existence of these conflicts requires responsible activity from all those who are concerned with human destiny.

We have faith that we are on the road to survival. It is a road that is never finished. It must be built in new directions to meet new situations. It must be extended to the uttermost parts of the world. "It is the glory and tragedy of the earth," said Dr. Liebman in his *Peace of Mind*, "that we are all involved in each other. . . . Society is God's gift to this earth, and our mutual involvement may yet be made his supreme benediction."³

³ Joshua Liebman, *Peace of Mind* (New York: Simon and Schuster, 1946), p. 163.

Mental Health and National Security

By J. D. M. GRIFFIN, M.D.

FIVE YEARS AGO, in June of 1944, the combined armed forces of the United States, the United Kingdom, and Canada began one of the boldest military adventures of all times—the invasion of the Normandy coast. The preparation, the planning, the logistics, and the masses of men, ships, and planes used were on a scale that staggers the imagination. The end result of this crusade was the complete defeat of what were called the “forces of aggression,” and the paving of the way for the establishment of a new instrument, hopefully designed for the protection of world peace—the United Nations.

It is interesting to look back on those days. Then, under the pressure of the Hitler threat, incredible feats of unity were achieved among the Allied nations. Nations as dissimilar as Great Britain, the United States, and the Union of Soviet Socialist Republics fought for the most part together (and only slightly and decently among one another). As a result of this spectacular coöperation and unity of purpose and action, most of us believed that a really workable world peace was at hand. Most of us now recognize that we were too optimistic, that we expected basic social changes to take place within a few months, or at most a year or two, which we now concede will take two or three generations, even with the best of management. Our interest as social scientists, however, in this process of international relationships must not be quenched by the apparent lag, or even recession, in the progress of human civilization.

Even within individual nations, the effect of the impact of war was notable. In the United States, the traditional discrimination against the Negro seemed to lighten. A Fair Employment Practices bill was passed in Congress (and even partially enforced). In Canada, the historically isolationist French-Catholic groups began to take considerable interest in the world conflict, and furnished a surprisingly large number of recruits, who volunteered for armed service anywhere in the world in defense of the national security. Now, with the return of

peace, we see a general settling back into the old, habitual feelings of suspicion, hostility, and hate. Group is set against group; man against man. And man is set against himself. Patterns of conflict are again emerging to threaten not only national security, but the very survival of mankind.

Within this context, then, it would seem to be worth while, first of all, to review the dimensions and the patterns of mental health problems as they relate to national security; and secondly, to speculate on the nature of the areas of conflict and confusion which may well account for these patterns. That the mental health and stability of a people is a necessary, if not sufficient, condition for national security is pretty generally recognized. The exact nature of the relation between the mental health of an individual and the healthy behavior of a society or a nation or a world is still a matter for debate, but few will deny that a relationship exists.

When a nation is threatened, the mental health and stability of the people, particularly the young adult population, becomes of paramount interest. The ability and capacity of a people to put aside notions of personal and selfish comfort, protection and aggrandizement, and voluntarily to assume the responsibilities of coöperative effort in the defense and for the security of the group as a whole or the nation, are surely a measure of its morale, maturity, stability, and mental health. Much of our information on the importance of the mental health of a large society—a nation—during time of crisis must come from the appraisal of the mental health of the selected sample—the individual personalities—which we as psychiatrists and social scientists study in our daily work.

During the war we had unusual opportunities for appraising the mental health and stability of the nation. The medical examination of men and women for military service, of course, was one of the most important of these opportunities. The results of this examination were surprising to many. The methods of appraising stability and mental health in the Allied countries (at least in the United Kingdom, United States, and Canada) were quite similar. The proportion of apparently healthy young adults rejected for military service on psychiatric grounds was similar in all three countries. In all three countries, there were initial doubts and misgivings about the practicability of the psychiatric screening of recruits. As time went on, and the initial ex-

periences in the training of soldiers revealed the necessity of more careful selection, an increasing proportion of individuals was rejected at induction. In the United States, about 12 percent of the men were turned down for psychiatric reasons, which accounted for about 30 percent of all rejectees for all reasons.¹ In Canada, where even greater strains had been placed on manpower, the rejection rate on grounds of instability and poor mental health had risen by the end of the war to 15 percent of all men examined, representing about 50 percent of all men rejected. In the United Kingdom the psychiatrists spoke of the necessity of rejecting the "psychopathic tenth" of the population.²

These statistics, when they became known, created considerable apprehension. Were they an indication that our nations were growing soft and flabby and selfish, and lacking in the stamina or the courage to meet the emergency? This was unthinkable. So the methods and the policies of psychiatric screening were vigorously criticized. But the psychiatrists and the social scientists were not particularly surprised by the figures. Although it is true that there had been no previous opportunity for making such large-scale observations, the evidence from previous community mental health surveys was recalled. Moreover, a review of the psychiatric experience in the first World War clearly indicated that these results might have been predicted.³

As the war drew to its close, it became increasingly obvious to the examining psychiatrists, at least in Canada, that the incidence of nervous, mental, and emotional instability was closely interrelated with evidence of increasing cynicism, selfishness, lack of conviction as to the importance of the cause, lack of conviction as to the necessity of personal involvement in the nation's struggle. "Gold-bricking," "poor motivation," "poor spirit and morale," became increasingly frequent descriptive terms in the psychiatric records.

And what of our experience since the war with reference to the dimensions and the patterns of mental illness? The usual statistical indices, such as the admission rates to mental hospitals, do not indicate a recession in the incidence of mental illness. On the contrary, there is clear evidence of increasing rates, at least among certain illnesses and groups of population. Recent mental hygiene surveys completed

¹ W. C. Menninger, *Psychiatry in a Troubled World* (New York: Macmillan, 1948).

² J. R. Rees, *The Shaping of Psychiatry by War* (New York: Norton, 1945).

³ Medical Department of the United States Army in the World War, *Neuropsychiatry* (Washington, D.C.: U.S. Government Printing Office, 1929), Vol. X.

in Miami County, Ohio, and in Toronto, Canada,⁴ have revealed that at least 10 percent of the children in elementary school are showing signs of instability, insecurity, and emotional distortion of personality, of a nature sufficiently serious to require more than casual attention. Since the war there has been a revival of the adolescent and pre-adolescent street gangs in Toronto, with all indications of the organized aggression and destructiveness so familiar to us during the depression.

There is no need to document the story further. The evidences of instability in the individual and in society is incontrovertible. The significance of this instability to the national security is alarming.

Thinking now of the individual in his social setting, it seems obvious that if he is to become a stable, mature, and healthy person, he must first of all have a very clear idea of himself. He must possess a self that is clearly defined, well organized, and, as much as possible, self-compatible. Not only must he have a clear notion of what kind of a person he really is, but his personality must have a minimum of contradictory and incompatible components. Otherwise, conduct cannot be orderly or coherent and thinking cannot be clear and appropriate. If the inner life is in conflict, the outer life will be frustrating and self-deprecatory.

The second condition exhibited by the mentally healthy and mature individual in his society has to do with his relation with others. If his interaction with others is to be comfortable, harmonious, and coöperative, resulting in mutual trust and unity of purpose (such as was partly achieved during the national crisis), then the individual must share in common with his society a broad system of social values, codes, understandings, attitudes, and definitions.

In view of the nature of society, these two conditions are very difficult indeed to achieve. There are a number of specific situations and conflicts which contribute directly to this difficulty, and which stem directly from our way of living.

The most important characteristic of our society today is, of course, the rapidity with which it is changing. Words like "traditional" and "customary" have very little meaning. Attitudes toward children, toward authority, toward right and wrong, toward religion, toward how one should behave in a particular situation, are changing so fast

⁴ John Seeley, M.D., Toronto Psychiatric Hospital, personal communications.

that clear-cut standards of behavior and thinking and feeling, to which all people can unquestioningly adhere for any length of time, are almost nonexistent. Age-old values and social codes, passed on from generation to generation so constantly that they seemed as fixed and immutable as the mountains, within the span of fifty years or less (a mere second in the time of history) have crumbled and been replaced by different values, or by no values at all. This characteristic has undoubtedly affected the patterns of our stability and mental health and, incidentally, our national and international security.

To illustrate these patterns of conflict and confusion, which stem primarily from the rapidity of cultural and social change, I would draw your attention to just four different areas of human behavior and interaction:

The first is the field of child-parent relationship, and in particular, that part of this relationship which goes by the name of "child training" or "child management." Let us look, for example, at what has been happening during the last few years to a fairly typical American or Canadian child. I shall not review the various roles and attitudes to self which the child has been taught during his preschool years (perhaps unintentionally) by his parents—everything from "mummy's little cuddly baby" to "mummy's great big strong man" and "daddy's tough guy that can lick the world." Certainly there is enough here to confuse him, so far as our first condition of stability (a clear and coördinated idea of self) is concerned. Rather would I remind you of the various philosophies and points of view through which he has very probably passed. Let us assume that, like most parents of a few years ago, this child's father and mother were impressed with the importance of being very objective, and very, very scientific about raising their child. They went to parent-education lectures and read the latest books on child care. The conditioned reflex was in the ascendancy, fresh from Pavlov's experimental work with dogs, and J. B. Watson had just written the first "really scientific" psychology. As good parents, they did not dream of going to their child when he was restless or crying, unless the alarm clock indicated that feeding time was at hand. Everything was carefully regulated and regimented. By careful management, it was even possible to establish what was fondly called bowel and bladder control at four months! When we compare our present attitudes on self-demand feeding, these earlier ideas are astonishing.

The fact that many pediatricians still strongly advocate routines of this kind is another indication of the chaotic and haphazard way in which our culture has changed.

From being ever so dispassionate and scientific, our progressive parent became interested in the philosophy of self-expression and freedom taught in a very progressive nursery school. "Self-expression" became the key word, without much concern as to whether the child developed a self which he could express, or remained largely the unorganized resultant of impulsive activity. The scathing denunciation of the old cult by the new made the parents feel very guilty. So they redoubled their efforts to let the child express himself; if he seemed reluctant, they practically forced him to do so. The child rapidly found himself living under a different system of basic values and definitions. His ideas of himself in relation to his parents had in some measure to be reversed.

We can now picture the child as a young adolescent in a private and fashionable boys' school, in which the good old-fashioned ideas of discipline are enforced. Here regulations, routine, and a formal curriculum, with well-structured teaching methods, are in direct contradiction to the ideology of the progressivists. Add to this a summer camp which by lack of formality and structured program tries in the summertime to correct the damage done in the winter, and we have the picture of what must seem to the child a completely chaotic scheme of things. That it does not seem to faze him, and that he seems able, with amazing equanimity, to accept in succession all these contradictory changes in basic values, is a tribute to his flexibility and adaptability rather than to his maturing concept of himself and the world.

It may be appropriate to record still another shift in the psychological wind, which many of those in children's work have already noticed reflected in the latest concern and worry of parents. This new emphasis lies in giving the child security through love. At the same time, the sinister effects of too much mother love are being driven home—first by novelists, such as Philip Wylie in his *Generation of Vipers*, and then by prominent psychiatrists in their writings about "momism." In the meantime, it is quite probable that the adolescent is expressing himself vigorously in the area of love, without quite satisfying his parents that he is getting the sort of love that the new disciples of child training think he ought to have.

Compare this fairly typical picture of growing up in our modern society with the similar process in some primitive or preliterate society, such as the native population of Okinawa, for example. Here the rate of social change is slow—so slow as to be almost unnoticeable from generation to generation. In such a society, the individual's idea of himself, his fellow men, his universe, is very likely to remain more or less constant; it is the same at the beginning of his life as it will be at the end of it. His idea of himself as a boy dissolves imperceptibly into his picture of what he is going to be like as a young man, a mature adult, and finally an elder. At most, there is an unfolding, an emergence of his idea of himself. Certainly, it is not necessary from time to time to reverse radically his notions of what a man is and should be, and how he ought to feel.

The second area of conflict and confusion is that inherent in what is sometimes called the "cultural lag." This refers to the rather commonplace observation that not all parts of the culture change at the same rate. At any one time, therefore, in a society that is changing as rapidly as ours, the culture is always in a state of relative disorganization. The effect of this cultural disorganization on the stability of the person has been indicated earlier. But now to illustrate:

As a result of some amazingly persistent and devastatingly detailed efforts by an Indianapolis biologist,⁵ we have been brought face to face with the shattering fact that sex is important. Psychiatrists always knew it was! Social workers suspected it, and now the whole world believes it! Just how important it really is, is revealed in our rather pitiful attempts to control, define, and understand sex behavior—particularly among the unmarried.

As we look back, it seems that a great part of the difficulty began with the coming of the motorcar. Before that era, sex behavior among courting couples depended mainly on the horse. Even with a spirited animal, it was unlikely within the space of three or four hours, or between sunset and dawn, that a couple could go very far beyond the area where at least the horse was recognized! Furthermore, one could always rely on the horse to get home, and there were few acceptable excuses accounting for delay beyond the time dictated by decency and father. The social controls exhibited by watchful parents and neigh-

⁵ Alfred C. Kinsey, *The Sexual Behavior of the Human Male* (Philadelphia: Saunders, 1947).

bors, and the inner controls provided by the commonly accepted ideas of how a young woman and young man ought to, and did, behave, tended to reinforce one another.

But with the motorcar, this well-ordered and predictable structure of human behavior in regard to sex disappeared. It became possible to travel great distances in a short time, and reach places which, if not lonely, were at least devoid of anyone likely to recognize either the car or its occupants. The establishment of tourist cabins and motels added further to the convenience of things. And then, the most unpredictable events can happen to allow at least the possibility of a valid reason for being indecently late. There can be a flat tire, or the car can run out of gas, or a connecting rod can break. But, most annoying of all, the parent can never be sure!

Certainly, the invention of the motorcar made impossible the policing and enforcement of the code which had previously stood, and made possible a type of behavior which was in rather sharp contrast to it. The impact of social change and technical invention has been followed without doubt by a change in the form and frequency of sexual behavior. But what is crucial here is that, in the realm of ideas, we still cling desperately, if somewhat hopelessly, to the old definitions, and all the ways of behavior and items of belief that accompanied them. Even the very persons who manifest the new forms of behavior, frequently pay lip service to the old ideas. A new double standard, which closely resembles pathological personality dissociation, is springing up. What is publicly advocated and energetically defended in the way of sexual behavior is often totally different from the behavior that is privately indulged in.

Let me be quite clear here. It is not implied that we should change our ideas of what is right or wrong, or decent or moral, in order to conform to every new way of behaving. But we cannot have well-organized persons in an organized society where lip service is paid to one set of values, and actual behavior proceeds according to an entirely different value system. One or the other, or both, must change.

The third area of conflict is inherent in the discrepancies that exist between the attitudes and values that are appropriate and expected in the home, the church, and the school, as compared with the value systems regarded as normal and appropriate in business, industrial, or professional life. Let us imagine a young adolescent who has grown up

in a fairly stable area—say Toronto—and has developed a reasonably clear appreciation of himself and his society, in spite of the way in which his parents have gone about the job of raising him. He has come to think of himself as a friendly, generous, thoughtful young man, the product of a good, happy, loving, Christian home. He likes to think of himself as a gentleman, a good sport, and a sincere friend.

At the age of eighteen, he is ready to enter the business world. He now must learn, as we say, "sophistication." He must still be "honest," but the word has a substantially different meaning from what his mother or his Sunday school teacher intended. Honesty is the best policy because it pays! Shrewdness in financial deals, giving the public the "facts" in sales promotion schemes, putting the labor force "in the picture" as far as company policy will permit, are all hard to reconcile with complete honesty and frankness. Then other values begin to have more meaning. It is all right to treat the other fellow as you would like him to treat you, but you have to "look after number one" first.

He learns to think of people in an entirely different way. They become consumers, or labor, or top management, and have values accordingly. He learns that success depends less on skill and knowledge, and more on the ability to "sell oneself," and on the friendship of influential people. It becomes very important for him, therefore, to "win friends and influence people." And in the technical books designed to help him, he finds that "winning a friend" means something entirely different from what he had naïvely thought.

The transition from one value system to the other is not always a comfortable one. Many are the rationalizations which an executive, having finally forged successfully ahead in his business, will try in order to make himself feel more comfortable. He will learn finally to submerge his earlier (and truer) self, and often to exult in the new self he has created—but frequently not without some wrenching, some pain and scarring, and, unfortunately, considerable instability.

Although I have used the example of management within business to illustrate my point, the same essential conflict is at the root of much of the unrest today in labor generally, and among youth groups and gangs. The discrepancy in values, the obvious vestment of interests, and their use of the primary value systems established in the home and church to gain ends not entirely consistent with these values, the thinly disguised and camouflaged attempts at manipulation and exploitation,

are all being recognized with increasing clarity by these groups. It is not surprising, therefore, that cynicism, lack of loyalties, and demoralization should be frequent accompaniments of these insights and revaluations.

There is a fourth area of high conflict potential. It is a truism that people are living longer than ever before. They are also remaining active citizens and effective workers longer. This means that the older age group may rapidly become a more and more influential and powerful force in our social, industrial, and political life. And this, in turn, may represent a serious threat to the interests and wishes of youth. Powerful lobbies will soon appear, sponsoring legislation to enforce industrial security on a seniority basis, to protect the interests of this older group. There will be similar activity in regard to reforms in old age pensions. The possibility that these reforms will be carried out at the expense of education, occupational training programs, and recreational programs for youth may bring serious repercussions. The prospect of an increasing population of young people with confused values, with no clear occupational goals or interests, without motivation or responsibility in the direction of the "general good" of the nation, too young for a job, too old for school, is reminiscent of the kind of situation which developed during the depression, and which undoubtedly contributed so much of the instability discovered during the last war.

What does all this add up to? We have reviewed the evidence of the existence of large numbers of emotionally unstable and mentally ill people in the nation. The significance of this in national security has been explored. We have seen a mature and mentally healthy person must have a clear and organized concept of himself, and that he must share, in common with others, a broad system of values, attitudes, and understandings. We have seen that the nature of society makes both of these conditions difficult to obtain. And we have illustrated this by indicating areas of conflict in the parent-child relationship, sex behavior, the business relationship, and the age-youth relationship. A society that cannot give a child a clear and coherent notion of himself, and that cannot tell him with reasonable assurance what things are true, worthy, and of good repute, cannot expect to be a society in which there is a stable and abiding order within men and between them. And a society that tolerates one set of values in the home and school and church and a radically different set elsewhere cannot ex-

pect its members to be stable, mature, and mentally healthy or fully responsible citizens.

Now, have we anything constructive to suggest? As social scientists, we must be very careful in our planning. Traditionally, we are inclined to adopt an ameliorative approach to these problems. In trying to prevent the destructive effect of a pre-adolescent gang, we are apt to become busily involved in devising a recreational center, and providing a good counselor, rather than directing most of our efforts toward correcting the social situation which makes possible bad housing, broken homes, and conflicting social and moral values. In so far as we are able to "keep the lid on" the activities of these youngsters, we may actually be hindering progress, in the larger and more important sense of the term. We must continually balance our long-term goals with our short-run objectives. This is a problem facing not only social workers in the community, but the religious leaders in the churches, and the leaders in the industrial scene, and the mental hygienists everywhere.

Man's knowledge of himself as an individual and as a member of a group is still in a rudimentary stage, but we begin to see vaguely what needs to be done. We must point our efforts toward sharpening this perspective and basing intelligent social action on it. It is possible to live together in a society of rapid change, but only if we learn to develop a system of values, attitudes, and understandings that is much more general and universal than any ethical or knowledge system we have yet known.

Religion and Social Work: Perspectives and Common Denominators

By SHELBY M. HARRISON

IN HER BOOK *Windows on Henry Street*, Lillian Wald tells of a visit to the settlement of Rabindranath Tagore, the distinguished poet, agricultural reformer, and leader in the cultural life of his native India. Tagore, a tremendously impressive figure, read from his poems, some in English, some in the resounding rhythms of his native Bengali tongue, and discussed conditions in India. A little girl, seeing his flowing gray robe and long beard, tugged at Miss Wald's skirt and whispered, "Oh, Miss Wald, is that God?" "No," she answered, "but he is a great friend of His."

The comments I have to make along this general theme fall into four main groupings: (1) something on developments in social work outside the church and synagogue during recent decades; (2) something on the growth of social work under religious auspices; (3) the urgent call to religion to aid a world in deep need which is being sounded currently; and (4) the current re-emphasizing of social work's broader community responsibilities which is being urged today.

For many decades in this country, social pioneers, social workers, and charity workers, as they were earlier called, have been struggling to relieve poverty, human wretchedness, and misery. The fight has taken specific form in their attack on such evils as: the brutality of early prison conditions—too often dungeons of despair and mismanagement; abuse of convict labor; the inhumanity of jailing the insane and mentally deficient; neglect of children at home and their inadequate care in institutions; child labor; inadequate care and treatment of the blind, the crippled, the deaf, and the orphaned. They were early in the fight against tuberculosis, alcoholism, industrial accidents, and preventable infant mortality; against illegitimacy, prostitution, and the white slave trade; the practical bondage of victims of loan sharks; dark and sunless tenements, slum conditions, and other forms of over-

crowded and disease-spreading housing; inadequate and unsafe space for children's play; the social deficits caused by wars, earthquakes, and other disasters; destitution and neglect of older people; crime; racial and other types of discrimination, cruelty, and intolerance. These are but a few of the wrongs against which aroused social work leaders took action.

But to say this is only to tell one side of their story. They fought against evils, but in so far as they knew how, they also fought for something they hoped would be better. Their action ranged the whole gamut of relief of those in distress, correction of antisocial behavior; treatment, care, and rehabilitation of the socially disabled; improvement of social conditions; and prevention through removal of at least some causal factors. They worked for better social casework, social group work, community organization, better agency administration and social reform, through enlightened public opinion and improved legislation.

They undertook emergency and other relief work where needed; and they extended and improved family and child welfare and other caseworking agencies. They helped to orient and adjust immigrants while also conserving their cultural gifts for enriching American life; they led toward the establishment of new social centers and social settlements. Child placing in families and foster home care were originated and extended. Better legal protection against child labor was enacted. Better sanitary and health safeguards through housing and building codes were established. Accident prevention and workmen's compensation programs were worked for; and pensions for the needy aged, old age assistance, and unemployment insurance systems were established.

While in all of this, results came through the efforts of many, social workers usually had a leadership part. They worked for the prevention of blindness; for a children's code; for more and better houses, particularly for lower income groups; for juvenile courts and child guidance clinics; probation and parole of lawbreakers; better understanding and treatment of emotionally disturbed children and youth; establishment of councils of social agencies, better neighborhood and community planning and the more adequate financing of social effort; the institution of legal aid societies; credit unions to meet the needs of small borrowers; the provision of better recreation and

leisure-time opportunities for young and old; the improvement of statistical methods in dealing with social ills and administering social agencies; the study or survey of community problems and interpretation to the public of trends of need; the more effective dissemination of information on health and welfare; investigation and research into basic social problems and methods of dealing with them; and, in addition, training schools to improve the efficiency of workers on the job.

The list is long, but this is by no means all of it. I go to this length only to suggest something of the variety and amount of endeavor to which social workers and reformers have given energetic and conscientious effort. The record is further impressive when one reviews the growth and variety of organizations set up to promote the common welfare. Again the number is too great to attempt a full catalogue. From the mere handful in existence seventy-five years ago when the National Conference of Social Work was organized, national voluntary organizations in social work and related fields have so increased that the *Social Work Year Book* for 1949 was able to list 430. To these, add regional and local agencies, and the figure will be multiplied many times over; national, state, and local governmental agencies in the welfare field increase these numbers impressively.

But these undertakings do not represent completed jobs. In most cases they are only beginnings. No one would claim that all has been done that needs to be done. Nevertheless, this listing suggests the prodigious response which has been made to the social service impulse in America. If there were space, an impressive story could be told for countries across the Atlantic—especially England. In the main, these movements in both countries developed outside, and apart from, religious bodies. They represented the convictions and the determination of social-minded individuals to relieve human suffering and to work for better conditions.

A natural query is why they felt that way. What was the motivation back of these attitudes and convictions?

Clues are to be found in the home environment, training, and experience of many of the pioneers and subsequent leaders. A high proportion grew up in the religious atmosphere of devoted Protestant, Catholic, and Jewish family life. Another considerable proportion came into social work from the active ministry, like A. J. McKelway; Graham Taylor; Hastings Hart; Msgr. Robert Keegan, the first Catho-

lic priest to graduate from the New York School of Social Work; Solomon Lowenstein, who had been a rabbi; many bishops in the Catholic Church went from their early priesthood into social work, Bishop McEntegert, of Ogdensburg Diocese, being one such. Others, like Howard Braucher, entered social work almost directly from the theological seminary; and there were those who had looked forward to the religious ministry but turned to the training schools of social work or went directly from college to social work jobs. Still others who were carrying on the activities of the new and evolving profession of social work were active as laymen in church and synagogue. It seems reasonable to infer that they had found in their religious experience something which gave impetus, meaning, and values to their service for the common good. Others who made no religious profession were, I venture to guess, unconsciously influenced by the spirit of service engendered in the community about them. Whether consciously or not, the dynamic of their personal philosophies appeared to be the Judaeo-Christian ethic.

I hazard this view despite awareness that numerous leaders in social service in the early years after 1900 almost broke, or actually did break, with the church because of impatience over its seeming indifference to the obvious calls to serve suffering people. Many of these, like Jane Addams, were fundamentally religious people and gave expression, not only in what they did, but often in what they said, to deep religious insights and convictions.

Now from this glance backward over social work outside the church, let us turn to the world of organized religion. Although church and synagogue were slower to take up the cudgels for many of these developing social causes—in any volume, at least—they have much of human service in their record to be proud of. From the days of St. Francis of Assisi down through the years, outstanding leaders of religion arose to remind their followers by precept and practice of their responsibilities to the hungry, destitute, sick, forgotten, and otherwise neglected of their time. Religious bodies stand first and foremost the world over in the establishment of hospitals and medical and nursing services. They took the lead in this country in the founding of institutions of learning. Harvard, the first college in the United States, was set up by a group of religious leaders who sought a better educated ministry. Other religious bodies took action; today the whole of the

United States is ornamented with secondary schools and institutions of higher education founded under religious auspices. One Protestant denomination alone has started and nurtured more than a hundred such, and our Roman Catholic brethren have been responsible for a goodly number also. If their parochial schools are added, the total runs into very high figures.

Church and synagogue have also included the giving of alms for the poor and the institutional care of the orphaned young and of the old as a part of their religious responsibilities from almost time immemorial. Although up to about the turn of the present century there was a marked lag in recognition among most of our religious bodies of a responsibility for organized or systematic social work—and in certain quarters the lag continues to today—nonetheless, practically all the leading official national religious bodies in this country, Christian and Jewish, during the last two or three decades have set up important social service agencies of one kind or another. Some are charged with special responsibility in improving race relations; some, with work for better labor and industrial conditions; others, with aid to refugees and displaced persons, with service in the interests of a just and durable peace, with the safeguarding and preservation of human freedom and other basic human rights; and still others, with improvement of community conditions, including the welfare of children and youth and those in the upper age brackets. Papal enunciations for centuries have urged responsibility for bettering the conditions of labor, for human brotherhood and international peace. The action of organized religion among the Jews in serving human needs, including special concern over the aged and the family, is also well known over the centuries. Add to these the important support that these groups have given to joint endeavors when a united front seemed desirable, as in the case some years ago when the Commission on Church and Social Service of the Federal Council of Churches of Christ in America, the Social Action Department of the National Catholic Welfare Council, and the Social Justice Commission of the Central Conference of American Rabbis joined in an attack on the twelve-hour workday in the steel industry, and the showing is indeed a creditable one.

Thus, over the years, we see a common denominator between religion and social work in the recognition of responsibility for service in meeting temporal human needs. Social workers went at it in real ear-

nest ahead of church and synagogue, but in some respects the latter have gone farther in attacking basic causes.

Unfortunately, the recognition of this common denominator is not universal in either group. We in social work have a long way to go to appreciate all the available resources to be found in religion and spiritual forces; and our religious organizations must advance to reach a full recognition of the scriptural obligations to deal practically with the plain, ordinary, human needs of plain, ordinary, human beings. Progress thus far made is too largely confined to the most thoughtful; elsewhere it is still laggard and scanty. What a full union of these great forces, not necessarily organically, but coöperatively, may yet mean for the welfare of mankind is a most alluring thought!

But why the lag? It cannot be in the lack of scriptural authority or sanction. Both Old Testament and New Testament are replete with this human emphasis.

The institution of marriage came in the second chapter of Genesis; the question of "my brother's keeper" arose in the third chapter; and the first condemnation of murder, a few chapters later. Of course, in the Ten Commandments the charge is still more specific, "Thou shalt not kill." And they go on: "Neither shalt thou steal"; "Honor thy father and thy mother"; "Thou shalt not bear false witness against thy neighbor"; "Thou shalt not covet thy neighbor's house, etc."

A few books later on we read:

If there be among you a poor man of one of thy brethren within any of thy gates in thy land which the Lord Thy God giveth thee, thou shalt not harden thine heart, nor shut thine hand from thy poor brother; but thou shalt open thine hand wide unto him.¹

In one of the Psalms we read:

Lord, who shall abide in thy tabernacle? Who shall dwell in Thy holy hill? He that walketh uprightly, and worketh righteousness, and speaketh the truth in his heart. He that backbiteth not with his tongue, nor doeth evil to his neighbor, nor taketh up a reproach against his neighbor.²

Then in Proverbs, almost at random, we find such admonitions as:

He that despiseth his neighbor sinneth; but he that hath mercy on the poor, happy is he.

¹ Deuteronomy 15:8.

² 15:1-3.

The righteous considereth the cause of the poor; but the wicked regardeth not to know it.

Let not mercy and truth forsake thee.

When the righteous are in authority, the people rejoice; but when the wicked beareth rule, the people mourn.

And so on through the Old Testament. The references to personal behavior, the relations of man to man, and other matters of welfare in the community could be quoted at great length.

The New Testament's pages also flash unmistakable signals to the centuries of travelers along the highways and byways of struggling fellow men. Duty to one's neighbors was stressed in what I have already quoted. Jesus struck resoundingly the same note when He was asked what was the first and great Commandment, and replied, "Thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind. And the second," He added, "is like unto it, Thou shalt love thy neighbor as thyself." To illustrate who is our neighbor He told the parable of the Good Samaritan on the road from Jerusalem to Jericho; and, as Dr. Ralph Sockman puts it, he "projected that Jericho road around the world."

At another time, to the young man with great possessions who asked what good thing he should do that he might have eternal life, having already kept all the Commandments, Jesus replied: "If thou wilt be perfect, go and sell all that thou hast and give to the poor."

We are all familiar with the scene where Jesus pictured the Last Judgment, with the Son of Man risen to His kingly glory, separating from the others those who were to inherit "the Kingdom prepared from the foundation of the world." The choice seems to have been made solely because "I was an hungred, and ye gave me meat; I was thirsty and ye gave me drink; I was a stranger and ye took me in; naked and ye clothed me; I was sick and ye visited me; I was in prison, and ye came unto me." You will recall that when the righteous, bewildered, asked when they had done all these things, the King and great Judge answered and said: "Verily I say unto you, inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me." That award was without geographical, racial, language, or any other limitations. Other equally pointed injunctions on the ministry to living men came from Him:

And whoso shall receive one such little child in my name receiveth me.
Wherefore by their fruits ye shall know them.

He that is greatest among you shall be your servant.

Give to him that asketh thee, and from him that would borrow of thee
turn not thou away.

When thou doest alms, let not thy left hand know what thy right hand
doeth.

Render unto Caesar the things which are Caesar's and unto God the
things that are God's.

He blessed the merciful, the meek, and the peacemakers, and is recorded as performing such human services as curing the sick and palsied; cleansing the leper; healing the centurion's servant; curing the man with the withered hand, the maimed, the lame, and the dumb; making the blind to see; and feeding the five thousand.

I am not a theologian; and there may be connotations to some of these passages of which I am wholly ignorant. But as a plain layman, taking these words at simple face value, they seem clearly to sanction, indeed enjoin, all people to minister to human needs as an inseparable part of the ministry of religion.

There are those who believe—and I happen to be one of them—that in the teachings of Christianity, with its rich inheritance of Jewish history and doctrine, are to be found moral and social principles of universal application, embodying eternal values, good for now and the future, as well as the past. In this Hebrew-Christian heritage are to be found instruction and guidance in dealing with modern social problems as well as the conduct of the individual; in attacking causes of human ills as well as relieving and treating the sufferer and the disabled. The principles are there; they have only needed to be interpreted anew as times changed and needs became more complex.

We all realize, of course, that the Scriptures were written in an era chiefly of agriculture supplemented by some fishing and the beginnings of trade. The language, the symbolism, are in terms of the shepherd, the tiller of the soil, the fisherman, the householder, and the worker in the home. The purpose was to speak in terms of the everyday experience of the listener. Jesus said that He spoke "in parables," because "seeing, they see not; and hearing, they hear not, neither do they understand." He sought to teach basic principles through the

case method employed nowadays in law schools in interpreting principles of the law. And His teachings to those who would see, and hear, and understand emphasize a common link between faith and works in a world of social ills.

Now let us turn to some more recent utterances—utterances which amount to urgent appeals to religion to aid a world in deep need. They appeal for the aid of these two forces, religion and social endeavor, linked together and more vigorously directed toward the needs of mankind. Voices of men prominent in many walks of life call challengingly for a new application of spiritual, moral, and social principles. Here are examples from the newspaper and periodical press.

One of our leading natural scientists has put it this way:

The far-reaching decisions that must now be made are unmistakably in the area of morals and ethics. It takes intelligence to construct atomic bombs, but it requires more than intelligence to build a world of peace and security.³

A leading economist and expert in banking and finance in a letter to the *New York Times* remarked:

Attempts to organize the world politically will continue to prove futile and frustrating until the moral basis of such an organization is recognized, and the task is approached evangelically, that is, by winning the acceptance of mankind to a universal moral idea deriving from the recognition of the sovereignty of God in human affairs.⁴

A leading educator, discussing the urgent need of a unifying discipline in education today, comments on the difficulty of teaching a civilization "which does not know its own purposes, which is so blinded by the conflicts of its own interests, its own ideas, that it cannot see through them into its own meaning of peace and of truth." Remarking further that "in our European and American past, religion and philosophy have been the instruments of unification, but that they have now broken down," he concludes that the tide seems to be at the turn and "when such an inclusive, organizing discipline is devised we shall, presumably, call it a 'philosophy.'" He suggests, however, it will not be what philosophy has been meaning, at least in the

³ Kirtley F. Mather, "Catching Up with Science," *Journal of Social Casework*, XXVIII (May, 1947), 165.

⁴ Elgin Groseclose, *New York Times*, April 27, 1949.

last half-century, but it will be a medium through which "one's pupils may be led not only to share in past gains, but also to join eagerly and independently in the common striving to create still finer and more generous sensitiveness, still wider and deeper wisdom."⁵

No less a person than Sir Stafford Cripps was quoted in the press as saying: "No skill and no ingenuity of mankind, no material inventions or discoveries can save civilization, if we depart from those principles which Christ taught us must be the basis of Christian life."⁶

The president of one of America's largest department stores, a prominent Roman Catholic layman, was quoted in the press as saying that "one of the most vital needs of the world today is men trained for moral and intellectual leadership."⁷

The head of one of the largest corporations in radio manufacturing pleads for "the concerted scientific study of man, as well as machines" as a means to making "full use of our God-given powers to improve man's mental capabilities and his spiritual outlook."⁸

Religious leaders have been striking the same note. The visiting chaplain in delivering the baccalaureate sermon at Columbia University said: "Suppose that in this gradual unfolding of God's great design, science and religion at last may meet. Then with a new confidence and self-control we may view the travail of our age."⁹

These appeals must mean something. I see in them not so much new ideas; the new thing seems chiefly a matter of emphasis. These appeals have a number of aspects, but I wish to draw particular attention to two. They are: first, the summons to a new stressing and wider acceptance of the social gospels; and, secondly, a call for new emphasis in social work, particularly on the attack in the community on the larger problems of prevention.

Problems of our day are causing deep anxiety, even alarm. The present ills of man will not be solved by philosophy alone, however wise; nor by social skills alone, however scientifically based. Social work needs religion's insight into the worth of the individual and the high goals of life. Religion needs the skills and the tested techniques of social work. If these two great forces can be joined, we shall be on

⁵ Alexander Meiklejohn, "Worried Teachers," *New Republic*, CXX (May 2, 1949), 24-25.

⁶ *New York Times*, May 23, 1949.

⁸ *Ibid.*, June 2, 1949.

⁷ *Ibid.*, June 6, 1949.

⁹ *Ibid.*, May 30, 1949.

the road toward a solution of many of our major problems. The well-tried ethics, the well-tried principles of the ages, still hold true. They must be reinterpreted, and applied together.

Organized religion, at the national leadership level, for the most part has caught the vision, but it still has a long way to go in carrying the vision to its widespread constituents, and to those outside its membership who come under its educational influence. Church and synagogue are powerful educational forces. They carry an authority which no other institutions possess; and education of public opinion is still one of the most basic functions required for orderly advance.

The direct instruments for action in a democracy are legislation and public administration; but the indispensable prerequisites for effective and sound democratic action through these instrumentalities is the development of enlightened public opinion. No better illustration of this is to be found than the present difficulties in raising race relations to higher levels in the community. Until there is a more widespread recognition of the Judaeo-Christian standards of human brotherhood, adequate enactment and effective enforcement will falter by the wayside. In the long run in a democracy we cannot enforce laws which are not backed by the majority. One covets for our agencies of religion generally a more vigorous educational attack—an attack which will have lay backing and participation in full force—on this and the many other evils which religious leaders have long so plainly seen. In this connection it is heartening to note that the epoch-making Universal Declaration of Human Rights adopted by the General Assembly of the United Nations in December of 1948 has had as its forerunners and supporters the deep concern and persistent efforts of the churches working in behalf of an International Bill of Rights, particularly the Federal Council of Churches and the Commission of the Churches on International Affairs. Religious bodies have issued profoundly important pronouncements of their own on human rights which together with their long-time teachings, I am convinced, have played a large part in the creation of this final document. Their continued educational efforts are required if the ideals set forth are to receive the wholehearted backing necessary for widespread observance.

Religion, moreover, has much to learn on the more technical side of social work. While church agencies have pioneered in providing

institutions for dependent and neglected children, some of them have hardly moved beyond the pioneer stage. There is hardly anything sadder than to see children's institutions and programs of work for children practically stand still in a whole new world of knowledge of child welfare methods. There are exceptions of course; but backward agencies are costing too much in terms of human values to be tolerated. Moreover, while some of the agencies of organized religion are beginning to discover the aged, their needs and growing numbers, barring some notable exceptions they have ministered all too little thus far to this older group. And in other respects, developing standards of social work as to the most economical distribution of services, the overcoming of waste in competing and overlapping here and there, and the like, might be more fully utilized by our religious institutions.

Social work too has plenty of shortcomings to face and wrestle with. It is almost commonplace to say that it needs to guard against becoming so absorbed in developing its technical know-how that larger objectives are lost from sight. True, social casework has progressed from a supervisory, controlling, or dominating kind of care and treatment to one which understands and respects spiritual values in all human personalities. The same can be said for much of our social group work, community organization, and welfare administration. Nevertheless, at times the broader issues become obscured.

Let us not for a moment depreciate the importance, in its place, of giving material relief, alms for the poor, visitation of the sick and the imprisoned, and the like; but such service is not all that is called for in a modern complex community. Discharging that duty is far easier than finding jobs for those without jobs; preventing sickness; removing and preventing unemployment; removing other family disabilities; discovering causes of emotional disturbance among children and youth and working for removal and prevention; discovering and changing conditions which put many people in prison; reordering the modern community, urban and rural, to make it a decent place in which to work and live; preventing war, perhaps the greatest single cause of human misery.

Dr. Hertha Kraus in her splendid article in the *Compass* in 1948 (and Donald Howard in a previous article ¹⁰ also) has presented a most

¹⁰ Donald Howard, "New Horizons for Social Work, *Compass*, XXVIII (November, 1947), 9-11.

convincing case for a broader concept of the social work function for community service—for a new emphasis upon social work's responsibility—for a much fuller "civic participation in all creative endeavors of social significance." Her words echo and re-echo those of numerous leaders in the past, especially from the days of the Pittsburgh Survey down to the present, and she quotes Kenneth Pray in his belief in social work's "ancient, simple, all inclusive objective of helping human beings to find the opportunity and incentive to make the most of themselves and so to make the largest possible contribution to the progress and well-being of the whole society."

Dr. Kraus sums up her plea by saying that under this concept, the social worker's place would be in every field of community planning and in the development of good social design for the smallest or largest service units. He would belong among the legislative drafters, but also among the mobilizers of citizen groups towards stronger efforts for social welfare. His place would be in all educational programs, especially in education for family and neighborhood life, for productive work and for enlightened citizenship.¹¹

In addition to the social work specialist and technician she argues for the social work "generalist" and points to places of responsibility, including experimental and research projects, where his services could be especially useful. And this brings us back again to the need of continually cultivating a collateral sense of values.

Marshall, the well-known English economist of some generations back, pointed out that "It is not the function of any science to lay down practical precepts or to prescribe rules of life. . . . Economics deal with the class of motives that are measurable only."¹² But those who must interpret what scientific data mean, will be aided by the standards of value which are to be found in religious principles.

This concept encourages social workers "to live up to the highest ideals of coöperative citizenship in a democracy," as Dr. Kraus puts it. And this links religion and social work again; for social work and democratic institutions have long had in common one basic doctrine: the recognition of the supreme value of the individual human being, great or small, with its corollary of a common obligation to work for his welfare.

¹¹ Hertha Kraus, "The Future of Social Work: Some Comments on Social Work Function," *Social Work Journal*, XXIX (January, 1948), 3-9.

¹² Alfred Marshall, *Economics of Industry* (New York: Macmillan, 1879), p. 411.

In Lincoln's Gettysburg speech, the phrases which are so often quoted to define democracy are preceded by a clause which is not so often given in full. It runs: "that we here highly resolve that this nation, under God [mark the words—"that this nation, *under God*"] shall have a new birth of freedom; and that government of the people, by the people, for the people, shall not perish from the earth." Here was recognition by the Great Emancipator of the place of divine guidance in working out the destinies of a free people.

Finally, the methods of democracy and of social work in striving for advance are also the methods of religion. Christianity, with its Hebrew heritage, does not outline any total program to be freighted home in a single cargo. And social work, even in its broader civic programs, realizes that the battle front will have many salients which need to be carried before society can reach and consolidate a whole new position. So Thomas the Apostle, bewildered as to total objectives, said once to our Lord, "We know not whither thou goest; how can we know the way?" The answer was, "I am the Way." Thus, for progress under our democratic formula, religion gives us principles, not an alluring panorama of a total and untried dream. It gives us basic guides, while we study and test advances made step by step.

Over the years I see in social work and applied religion many leaders, both professional and volunteers in the ranks, some of whom have finished the course, and many others who are still fighting the good fight. They are witnesses, as Walter Lippmann said of Jane Addams, "to the ancient American faith that a democracy can be noble, and that serenity and pity and understanding, not merely force and ambition and willfulness, can prevade the spirit of a strong and of a proud people."¹³ They, like Tagore, as "friends of the Lords," are ever forging golden links between humanitarianism and democracy; between religion and social work.

¹³ New York *Herald-Tribune*, May 23, 1935.

Relationships between Government and the Individual in Public Welfare

By J. SHELDON TURNER

THE SOCIAL AND ECONOMIC RIGHTS of man have emerged from the economic developments of modern times to take their place beside the traditional and older group of civil and political rights. With the development of the income maintenance programs and the significant extension of various service programs, the public welfare functions of government have come to be of major importance in securing these rights. Under public welfare programs new relationships between individual and government have been created and are developing. The nature and content of these relationships will determine whether these programs will succeed in fostering the joint objectives of freedom and security.

The joint objectives of freedom and security are objectives with which public welfare programs are peculiarly concerned. Through the ages man has striven to achieve freedom and has sought for security, and has found both of these objectives difficult to attain and even more difficult to hold together in equilibrium. He has often been confronted with the dilemma that to achieve freedom he had to sacrifice security; and likewise to maintain security, it has often seemed necessary to relinquish freedom. He has, moreover, often been suspicious and apprehensive about the result of security, fearing that if others—and sometimes even if he himself—achieved security the result would be loss of motive to continue to work and to explore and to make the sacrifices that are involved in constructive effort of all kinds.

Public welfare programs are directly concerned with the employment of our social resources and specifically with the use of government programs and facilities to help individuals to continue to live constructively; to help them to retain control of their own living; and to enable them to continue to accept and carry out responsibilities as productive members of the community. These programs are one form

of the expression of community concern for the worth of the individual human life and of community purpose to see to it that that life is not destroyed or frustrated because of overwhelming want or overwhelming denial of opportunity.

The development of human rights, as they have emerged and grown in the modern history of the Western world, has been the outward sign of the increasing value placed on, and respect for, the individual human being. The range of human rights, as specifically identified and accepted, is a measure of the freedom won for the individual. None of these rights has achieved complete realization in practice. Nevertheless, this bright coin of human freedom, minted in the fires of human passion and experience, is the only currency with which man can purchase the uninhibited productivity of the human spirit.

Human rights as we think of them, that is, rights which are generally accepted as belonging to all people, to all human beings, could not be conceived of until we had crossed over the divide between ancient and modern history. The basic concept of freedom as available to all men was not, as Whitehead points out in his book *Adventures of Ideas*, available to the political theorists of the ancient world. The basic difference between the ancient and the modern political theorists lies, he points out, in the fact that "slavery was the presupposition of the political theorists then, freedom is the presupposition of political theorists now."¹

The first human rights to emerge and gain general recognition were the civil and political rights. Essentially, these were the rights which protected human beings from the arbitrary and capricious exercise of governmental power and authority located absolutely in the king by divine right.

How limited and partial were the first expressions of man's civil and political liberties! But how great the vigor and capacity for growth which these liberties demonstrated once they had emerged! In his book *Liberty against Government*,² Edward S. Corwin discusses these characteristics of human rights in their early form as set out in the Magna Charta of England. He cites the language of Chapter 29

¹ Alfred North Whitehead, *Adventures of Ideas* (New York: Macmillan, 1933).

² Edward S. Corwin, *Liberty against Government* (Baton Rouge, La.: Louisiana State University Press, 1948).

of that document: "No free man shall be taken or imprisoned or deprived of his freehold or his liberties or free customs, or outlawed, or exiled, or in any manner destroyed, nor shall we go upon him, nor shall we send upon him, except by a legal judgment of his peers or by the law of the land." This was a bold, revolutionary statement, but Corwin points out that the words "no free man" limited the effect of this document to that relatively small portion of the population not included in the vassal class. But he also points out that in its reissue, the Magna Charta guaranteed its liberties alike to "people and to populace," and twenty-five years later the liberties of the Charter had already come to be called the "common liberties." As we look at the social and economic rights of man so recently emerged, so immature, it is well to remember that the more traditional civil and political rights emerged and survived and grew in a situation at least as hazardous and characterized by at least as much misunderstanding of the nature and value of such rights as is our present-day situation.

In the centuries during which these essential liberties were emerging and developing, economic security combined with freedom remained a dream realizable by only a very small proportion of the free population. The productive base had not yet developed to support it. The vassal class had a measure of economic security, meager though it was in most instances, but they held this security at the expense of freedom. Any move toward freedom on their part meant the sacrifice of that security.

The technological development of the Industrial Revolution for the first time made that dream a potential reality "to people and to populace." It introduced a new dimension into man's economy, the dimension of mass production and of mass employment. Measured against this new dimension, man's traditional civil and political liberties were revealed as partial and incomplete. Protection against governmental abuse and intervention was no longer a broad enough base to secure man's freedom. The liberalism of the eighteenth and early nineteenth centuries, based on concepts of freedom from governmental regulation and unrestricted competition, stood as opposed to, or, at the best, indifferent to, proposals for reforms and controls designed to improve the lot of the millworkers, mineworkers, and the slum dwellers called into existence by the development of modern industry. Actually, the very rights which man had come to depend on

to guarantee his freedom came to be distorted and misapplied to safeguard the rights of one man to exploit and enslave another through the conditions of his employment. I am thinking here of the use of the due process clause and freedom of contract as weapons in the fight against the growth of organized labor and against minimum wage legislation and child labor laws.

The dynamic of the dream of economic security for all now had to be reckoned with as it affected the aspirations and hopes of men. Could this new objective of security be reconciled with the goal of freedom which men thought they had previously won? The problem of reconciling these two objectives began to move toward the center of the political stage which it now occupies. Gradually, it became clear that this problem demanded for its solution the emergence of the social and economic rights of man. The acceptance and implementation of these rights were seen to be essential complements to the older civil and political rights in order to safeguard the freedom of the individual in the modern world. Under the impact of economic want and of recurring and spreading economic disaster, these rights did take form and become a motivating force. The public welfare programs, as they are developing today, are one of the significant products of that force.

The most dramatic and visible evidence of the emergence and widespread acceptance of the social and economic rights of man is to be found in their inclusion in the Universal Declaration of Human Rights as approved by the General Assembly of the United Nations. Articles 22 to 25 of this document, which the United States Government supported and to which it subscribed, read as follows:

ARTICLE 22. Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international coöperation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for dignity and the free development of his personality.

ARTICLE 23. 1. Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.

2. Everyone, without any discrimination, has the right to equal pay for equal work.

3. Everyone who works has the right to just and favourable remuneration insuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

4. Everyone has the right to form and to join trade unions for the protection of his interests.

ARTICLE 24. Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

ARTICLE 25. 1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old-age or other lack of livelihood in circumstances beyond his control.

2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

These rights so boldly stated today could hardly have been stated or even conceived a century ago any more than the United Nations which promulgated this statement could have been conceived or organized a century ago. But although only recently emerged and still only beginning to be realized, these rights already demonstrate a vigor and capacity for growth comparable to that previously demonstrated by civil and political rights. They may well have as long and as rough a road to travel toward fulfillment.

These rights are based on recognition of the fact that liberty, as Corwin points out, has come to be seen as "something that may be infringed by other forces as well as by the government, indeed, something that may require the positive intervention of government against other forces"³ for its preservation. It is this recognition that transforms the due process clause of our Constitution from a limitation on legislative power to "an actual instigation to legislative action of a leveling character."

Whereas the civil and political rights were for the most part focused on protecting man against government, economic and social rights require the development by man of the ability to use his government. They presume that man can learn to use his government to meet his needs, and to protect himself against hazards originating in, or aggravated by, the society in which he lives, and at the same time retain control of his own living and continue to operate in the community as a free man. They presume also that man can learn to use his government in this way and at the same time maintain safeguards

³ *Ibid.*, p. 161.

contained in the older civil and political rights, such as freedom of thought and speech, freedom of religion, freedom of assembly. The coin of human freedom is in process of being minted anew. It still carries on one face the figure of civil and political rights and it is seen now to have stamped on the other the image of social and economic rights. It is the same precious metal being cast as modern currency for use in today's markets. The nature and difficulty of this task are stated in an opinion of the United States Supreme Court written by Justice Jackson:

The task of translating the majestic generalities of the Bill of Rights conceived as part of the pattern of liberal government in the eighteenth century, into concrete restraints on officials dealing with the problems of the twentieth century, is one to disturb self-confidence. These principles grew in soil which also produced a philosophy that the individual was the center of society, that his liberty was attainable through mere absence of governmental restraints, and that government should be entrusted with few controls and only the mildest supervision over men's affairs. We must transplant these rights to a soil in which the laissez-faire concept or principle of non-interference has withered at least as to economic affairs, and social advancements are increasingly sought through closer integration of society and through expanded and strengthened governmental controls.

The development of the public welfare functions of government is one visible evidence that the people of our country are learning to use their government to secure themselves against want and to provide needed services. This learning process has led us through a re-examination of the nature and causes of poverty. Beginning with the belief that poverty was caused by the weaknesses and shortcomings of the individual person and therefore to be remedied by disciplinary action directed against him, we have come to a recognition that poverty is most frequently a result of limited opportunity. We have come to believe that the best remedy for poverty is to make sure that opportunity is open to people so that they may have the chance to support themselves and obtain the help they need.

This learning process has resulted in the extension of government activities in assuring employment opportunities; in assisting industry by making needed information available; in supporting wages by minimum wage legislation; in assisting agriculture by educational services, and by support of farm prices. This learning process has also led to reversal of our national policy as to the location of responsibility

for providing needed assistance and social services. It has led from the almshouse, to local poor relief, to county programs under permissive state law. From there it has led through the emergence of state responsibility carried through state departments of public welfare to the coöperative arrangements for sharing responsibility and combining the resources of Federal, state, and local government which have grown up under Federal legislation such as the Social Security Act.

The learning process has led, finally, through a re-examination of man's motivation to an understanding that the source of his energy lies in his faith and his hope rather than in his fear and his distress. It has led on to the developing concept of social security under which governmental programs of income maintenance and welfare services are developing.

These public welfare services of government have taken their place alongside older and more customary governmental services of the Federal and state governments in the fields of health and education. While the services in the fields of health and education have been and are in process of being significantly expanded, these expansions do not represent the kind of innovation which has come about in the field of welfare and social security. In that field, government has been called on to protect people from the resulting loss of income. Because of the many disastrous consequences in a money economy of loss of income from any cause, government has been called on to protect individuals from loss of income because of death and old age and is being called on to protect them from loss of income because of disability and sickness. Because, in Franklin D. Roosevelt's words, "Necessitous men are not free men," government has been called on to provide assistance to needy people to enable them to secure the essentials of life and to enable needy families to stay together. Because of the social waste and the individual consequences of disability, the vocational rehabilitation functions of government have been given a separate and independent recognition. Because children are peculiarly defenseless and threatened when they are deprived of a normal home situation, government is called on to provide services which will help children when they are disadvantaged. These are fields in which the Federal concern and responsibility have been recognized. The range of services is wider and more varied in state and local governments.

I am aware that this emphasis on governmental services may seem

to raise a question of relationship between governmental and private or voluntary auspices. My focus is not on this issue. I personally doubt whether there is a real issue. I know of no situation in which high standards and vigorous programming on the part of private agencies have not had a stimulating and beneficial effect on the public programs in the community and vice versa. My focus is on the fact that the social and economic rights which we have been discussing have emerged out of conditions that pervade our entire society and affect all people. Consequently, as a people we are learning to use government as the only organized expression of society which is broad enough in its scope and general enough in its resources to provide an effective implementation of these rights throughout our society and for all people living in it. That there are and will continue to be scope and need for services under private auspices is obvious.

The traditional civil and political rights were proved to be incomplete and to some extent self-frustrating as they were applied in our developing industrialized economy. Any grouping of social and economic rights will also be found incomplete and to some extent self-defeating if their implementation is not governed and directed by the civil and political rights which we have long cherished as the necessary characteristics of the relationship between individual and government in a democracy.

For the coin to be valid it must be stamped on both sides. Although new hazards call forth new measures to protect the individual, old hazards still remain, and the new measures must preserve old values even while they provide new protections. Blood was spilt to protect the individual from the discretionary control of other individuals and to protect him from the capricious exercise of authority. It is vital, then, that part of our lesson in learning to use government to meet the needs of individuals shall be to make sure that individuals who avail themselves of these services do not lose any of the older, traditional, civil and political rights by doing so.

In a money economy, money is in a genuine sense power, and lack of money is lack of power. When an individual turns to another individual or agency for the money to enable him to secure the essentials of living, he is threatened with loss of power to that individual or agency. If that money should be made available to him only on condition that he meet the agency's terms in the way he conducts his affairs,

to that extent he must relinquish the control of his own living if he is to have the money. Discretionary control of a most insidious kind could come through the very device created to protect the individual from loss of income. Sir William Beveridge has said that "the management of one's income is an essential part of one's freedom."

Our safeguards must be found in law and policy. Those provisions of law which determine the basis of eligibility for a governmental service must be definite and known to all. The law must protect the individual against misuse of the information that he gives about himself, and it must afford a means by which the individual can call the government agency to account in regard to the decisions it makes about him. Policy must support and implement these safeguards and provide a base for fair and predictable agency operation.

The significance of these safeguards as they now appear in our social security legislation and responding state welfare laws is pretty generally understood. It is well to be very clear, however, that only as these safeguards continue to characterize the public welfare activities of government will these activities continue to foster the joint objectives of freedom and security.

The social security and public welfare programs are not, of course, the chief or primary means of implementing the social and economic rights of man. Availability of opportunity to take part in the creative and constructive activities of the community through private enterprise and employment is, of course, primary and crucial. Availability of opportunity to participate in the spiritual and cultural activities and resources of the community is also crucial. But the social security and welfare programs stand as the ultimate guarantee that our options will not be so narrowed or our opportunities so constricted that we will no longer be able to direct the course of our living or to continue to manage our own affairs.

"The test of a free society," in the words of A. Delafield Smith, "will be found in the scope of right and privilege preserved to and possessed by its weakest elements; those who are under the greatest pressure to surrender their independence." The welfare functions of government are designed to insure that those who have been weakened by the impact of the hazards of modern living will have preserved to them sufficient scope of rights and privileges to enable them to continue to function as self-directing members of the community.

I make these statements and pursue this analysis and argument in full knowledge of the fact that the social security programs do not reach major sections of our population; that the social insurances still cover only those who are employed in industry, and that very inadequately; that the public assistance programs are characterized by great variations and many inequalities between states and that Federal participation in the assistance programs still does not extend to the general assistance category. I know that the purposes of these programs and the direction of their future development are still matters of active debate which are characterized by a wide range of opinion and understanding. I know that the development of helpful and protective child welfare services and family and adult welfare services is hampered by limited legislative authorization, limited appropriation, and, as much as anything else, by shortage of skilled staff; but the issues at stake are more and more clearly drawn with the passing of every year, and those issues are nothing less than the freedom and security of mankind.

As the profession of social work moves to carry more adequately its responsibility for participating in the planning and administration of these government services, it has had to learn many lessons and still has many lessons to learn about how to use government as legislation, how to operate in government as agency. It must learn, also, to use its own skills to further the objectives of democratic government which in these areas are so nearly identical with its own. Social workers have had to learn and to get the feel of the process of moving a law into action. They have had to get the feel of what it means to provide an individualized service which involves a uniform finding of eligibility for each individual who applies, and to do this under the terms of a general law and in such a way as to carry out its intent.

In a government such as ours the benefits or services available under a general law must be available to all persons who are eligible on the basis of a fair and consistent and accountable administration. This must be true if the relationship created by such a law between the individual and his government is to be characterized by the safeguards which we have seen to be essential, and yet these programs would fail if they ever lost their focus on the individual to be served. It is not so much that agency services shall be varied in relation to different individuals, which is what oftentimes has been attempted, as that admin-

istrative practices and skills must be developed which can find ways to make the agency's services uniformly available to all people with respect to their individual differences and the differences in their situations. There is a place here for every bit of skill and every bit of understanding of human personality and motivation. There is also a necessity to use this skill and this understanding, both in the construction of policy which furthers and reinforces the legislative base, and in securing the consistent and accountable application of that policy in practice. To this process of administering a public welfare program, social work has much to contribute that will help these programs effectively to implement the social and economic rights of man.

Words from the closing paragraphs of Karl de Schweinitz's book *People and Process in Social Security* conclude my argument and summarize my position. He speaks of "the vision of the program itself and the possibility of its realization," and goes on to say:

The question is not so much whether we have the means of achieving a social security. To this, our enormous capacity to produce and the far greater potentialities that are ahead provide a conclusive answer. The real question is whether we can emancipate ourselves from a view of human nature that we have inherited from a society in which most men were slaves, whether we have sufficient faith in our fellows to draw to a maximum upon the incentives that the material and cultural resources of our civilization afford.⁴

⁴ Karl de Schweinitz, *People and Process in Social Security* (Washington, D.C.: American Council on Education, 1948), p. 164.

PART TWO
PROGRAM

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The Economic Welfare of Children

I. THE ROLE OF CHILDREN'S ALLOWANCES

By *GEORGE F. DAVIDSON, M.D.*

EVERY NEWBORN CHILD increases the economic burden of the family without providing additional means by which this burden can be met.

This is an obvious, simple truth; yet we have been strangely slow to recognize the full implications of this truth in planning our social welfare services. We have been slow to realize that in our change-over from a primitive, agricultural form of society, lived close to the soil, to a highly industrialized, largely urbanized way of life, lived close to the sidewalk, the economic facts of life have changed, not only for the nation as a whole, but also for the individual families of the nation.

We recognize, of course, that at all times, in all forms of society, children are, to some extent at least, an economic liability. But do we fully appreciate the difference between the extent or weight of that economic liability in the case of today's industrial, urban family, living off the pay roll, and yesterday's agricultural, rural family, living off the land?

It is true that the child born into yesterday's family was, like its urban cousin, "another mouth to feed." Babies have never gone directly from the crib to the cornfield, or from the perambulator to the plow. But the provision of these extra family needs in our earlier forms of society was a more flexible business than it is today. The extra food requirements were produced, not purchased. The extra shelter requirements were built, not bought. The extra clothing was of the homespun, not the bargain basement variety. The self-sufficiency of this agricultural family bore silent witness to the fact that one can stretch the infinite ingenuity of the rural homemaker and the patient labor of the farmer much farther than the inelastic, weekly pay check of the modern industrial worker.

Add to this one further fact: our transition to an industrial, urban form of society has gone hand in hand with a humanitarian concern to educate our children better and longer, and to avoid the harsh exploitation of our children in industrial employment; hence our compulsory school attendance legislation and our child labor laws. All of this, while socially desirable, has lengthened the period during which most children remain at school, has delayed from five to ten years the entry of children on a full-time basis into the farm or industrial labor market, and has increased by 50 to 100 percent the time during which a child remains an economic liability.

The result can be stated in almost mathematical terms. The pre-Industrial Revolution child, and even the child of the earliest years of the Industrial Revolution in England, ceased to be economically dependent on its parents anywhere from the seventh to twelfth year of life. It was in that period, particularly among the poorer families, that he took his place in the ranks of farm laborers or industrial workers. Today the child remains dependent until his fourteenth or twenty-fourth year.

What, then, have we done to compensate for these industrial and social changes which have placed an increasingly heavier economic burden on the parents of the average North American child? That we have done some things is not to be denied. We have provided free schooling, for example. We have progressively extended the range of free health services for children. We have provided an increasing variety of child welfare services over a broad area of the population—although it must be said that, by and large, these services are available only to children who must look to the community rather than to their parents for support and care. And even our statement regarding free health services and free schooling needs a little careful examination. By "free," we mean "tax supported"; and by "tax supported," we mean that we have equalized and spread the burden of the cost of these services over the whole population. We cannot altogether deny, therefore, the proposition that, in addition to prolonging the period of a child's economic dependency on its parents our industrial society has also placed upon the shoulders of the nation's parents at least a portion of the added cost of these services, by taxing them for the funds required to support our educational systems.

What else have we done? We have, of course, provided out of the

greatly increased productive capacity of our industrial economy an immeasurably higher level of money wages than was known in any earlier form of society. This level of wages has made it possible for our industrial workers to enjoy a higher standard of living than the people of any other part of the world have ever known since time began. All that is true, very true. But, to get at the significance of this statement in terms of our immediate problem, let us ask ourselves this question: What relationship has our system of industrial wages to the burden of rearing the nation's children?

The answer, in simple terms, is, "None." The industrial wage system which is the cornerstone of our industrial economy has little or no relationship to the cornerstone of our society, which is the family unit. This high level of industrial wages has affected all industrial workers, more or less equally, whatever their family status. The single man, the single woman, the childless couple, the head of the large family—all have benefited equally, but not necessarily equitably, in social terms, from the higher levels of industrial wages. The fact is that our wage structure is geared inevitably, and rightly so, to industrial skills and productivity. It is an industrial, not a social wage. In compensating our men and women for the contributions which they make to the society in which we live, we recognize that their skills should be paid for to the extent that they add to the technological, industrial, commercial, intellectual, and cultural wealth of modern times. At the same time, we largely fail to compensate the parents of our nation for the extra financial and economic burdens that they voluntarily assume in rearing a generation of future citizens.

Please note that I refer to "compensation," not "reward." Parenthood has its own rewards, intangible yet very real, which should never, can never, be reduced to monetary terms. We are dealing here with no concept of "incentive pay," designed to insure a stepping-up in quantitative terms of the volume of production of our nation's greatest asset. Rather we are concerned with compensation, equalization of the very real economic and social burdens which parents assume on behalf of all the nation in raising the nation's children.

How often we have heard at public meetings, service club lunches, social welfare gatherings, programs of the National Conference of Social Work, speakers voicing the eternal truth that "children are the nation's greatest asset," that "the children of today are the citizens

of tomorrow," or even that "the world marches forward on the feet of little children." Yet what have we done for parents as a whole in sharing the responsibility for putting shoes on the feet of these same children?

Let me cite one eloquent statistic from the experience of Canada to indicate clearly the extent to which this economic burden falls upon the shoulders of a small segment of the population. We found, in 1944, that 84 percent of all our children under sixteen years of age were dependent for their maintenance on 19 percent of our employed population. More than four fifths of the children of our country, more than four fifths of the future generation of Canadians, were found to be dependent on less than one fifth of our present-day working force. I have no comparable figure for the United States. I venture, however, to guess that it would not be vastly different. I ask, then, the question: Does this fact correspond to our conception of equity and social justice? Does this fact represent fairly the degree of interest and responsibility that should be shared by all Canadians, all Americans, for insuring that there will be a future generation of their nations' citizens?

I suggest that to ask the question is to answer it. Clearly, it is of concern to all the citizens of our respective countries that there should be a future generation of citizens, born in health and strength, to carry forward the duties and the responsibilities which today are being borne by persons like ourselves, in all walks of life. If this be true, and surely no one can question it, then it follows equally that the responsibility for sharing the economic burden of dependency that goes with our child population should, in all fairness, be shared by all sections of our population, both by those who bear the immediate responsibility for rearing the nation's children, and by those who do not.

Lord Beveridge has stated the problem in clear and simple terms. He tells us that in England—and this no doubt applies as well to Canada and to the United States—dependent children in the family represent the second major cause of poverty. Unless we wish a staggering number of our future citizens to be raised in poverty, we must give thought to ways by which the whole community can join the parents of our nation's children in sharing at least a part of the economic burden of dependent childhood.

I have already stated that the industrial wage is not a social wage, and that it is relatively inelastic. By that I mean that the wage system

is adjusted to the skills which the worker has to offer to the employer. The greater the skill, the higher the wage; but this degree of skill has no relationship to the social responsibilities of the average workman, responsibilities which are placed upon him by our social customs as well as by our man-made laws.

In contrast to the relative rigidity of our wage system, which varies only with the skill of the worker, these social responsibilities are highly variable. Some, but not all, are capable perhaps of being covered by a fairly flexible wage system. It is true, for example, that a single man or woman has basically only himself or herself to feed. He may have adult dependents, but, after all, no person can have more than one father or one mother. If a man is married, he has, of course, a wife to support. She too has a father and a mother; but even so, the laws prescribe that no man can have more than one wife at any one time, and consequently that his in-law responsibilities are limited to one father-in-law and one mother-in-law at any one time. Within these limits of relationship, therefore, the chain of responsibility for dependent relatives is fairly limited and fairly constant. It could conceivably be met by a generously high wage level which would take account of the economic burdens which the average American or Canadian might have to assume with regard to adult dependents.

But when we come to dependent children, we find the social responsibilities of the average individual most highly variable. At the one extreme we find the single person concerned only to meet his own individual needs. At the other extreme, we find heads of families with five or ten or even fifteen children, all dependent on the one family head. Moreover, it has been clearly shown that the heaviest burden of dependent childhood falls on the wage earner in the early years of his life, when his level of income is lower than he may expect in later years. Clearly, no system of wages as we know them in our countries, no system that is geared to a workman's capacity to produce for the benefit of his employer, can meet the infinite variety of economic responsibilities which society, according to our individual family circumstances, may call upon us to assume.

What, then, is the answer? How do we meet the problem?

I believe that most Canadians would agree that Canada has found at least a partial answer to this question. As long ago as 1917 we found a part of the partial answer when we passed the first income tax law in

the history of our country and provided therein for a special exemption to be granted to those taxpayers with dependent wives and children. We did not know it at the time, but this was in very truth the beginning of family allowances in Canada. In granting special exemptions for dependent children, we recognized the justice of the principle that those who were bearing especially heavy economic burdens in rearing the nation's children should be granted special tax rebates in recognition of their special burden. This was conceived to be in the national interest. This was conceived to be consistent with the principles of equity and social justice.

The only flaw in our logic, from 1917 until 1945, was that we granted children's allowances through this system of tax rebates to those taxpayers in the upper income groups who, by definition, were the very people least in need of help; we denied equal recognition to those who, by definition, were the neediest families in our country, namely, the families whose income fell below the taxable income level. Because of the progressive incidence of our income tax levies, those below the income tax level got no help whatsoever with respect to their children; those in the lowest tax-paying categories got a minimum of help; and those in the upper brackets received by tax rebate the most generous allowances for their children.

Then came the second stage in the evolution of a comprehensive family allowances system. During the recent war we provided, side by side with service rates of pay for the various ranks in our armed forces, a system of dependents' allowances. The pay systems of the armed forces provided for variations in the rates according to rank, a system roughly similar to the variations in the industrial wage scale according to skill. Yet we did not consider this socially adequate to meet the needs of our servicemen's families in time of war.

Why not? Why were we content to accept the social inadequacy of an industrial wage system through generations of peace, and discover only when we went to war that the application of industrial wage principles to our armed services could not be tolerated on social grounds? That is one question I cannot answer, unless perhaps by analogy. There are those who say that a person's most lucid moments occur as brief but inspired interludes in long, unbroken periods of insanity. Perhaps it took the civilized insanity of war to make us glimpse the

lack of logic of the industrial wage system by which we were seeking to promote social justice in times of peace.

Whatever the reason, I can only state as an actual fact that it was in the year 1944 that the Parliament of Canada decided to enact a sweeping, comprehensive, universal family allowances law for all families with dependent children. The passage of the Family Allowances Act in 1944 was, in my judgment, the final and logical extension to all the Canadian people of the family allowance principles contained in our income tax legislation since 1917 and in our provisions for dependents' allowances to children of servicemen since 1939. The Family Allowances Act, which went into effect on July 1, 1945, was, without question, the most far-reaching, radical piece of social legislation ever passed by a Canadian Parliament. Dorothy Thompson has referred to it as "the most advanced social legislation in the Americas."

The law provides that the Government of Canada shall pay out of its general tax revenues to the mother of every child born in Canada, or living in Canada for a period of one year, a monthly allowance amounting to \$5.00 in the case of each child under six; \$6.00 in the case of children under ten; \$7.00 in the case of children under thirteen; and \$8.00 in the case of children under sixteen years of age. There is no means test. There is no contribution. The funds are provided from the general tax revenues. The allowances are exempt from income tax, but since the allowances are intended to replace those allowances for children formerly granted by way of income tax exemption, the exemption for children under our income tax law has now been reduced to a nominal amount of \$150 a year deducted from the taxable income in respect of children eligible for family allowances.

As of May 31, 1949, Canada had paid out just over one billion dollars in family allowance benefits. The annual cost is currently running around \$290 million. This would be equivalent, in United States terms, to an expenditure of \$3.5 billion annually. In terms of your budget and expenditures, it is the equivalent annually of two thirds of what you are currently spending each year on the European Recovery Program. In the month of May, 1949, we issued from our ten regional offices checks to 1,787,522 families on behalf of 4,041,771 children. We estimate that this comprises approximately 99.44 percent of all the children under sixteen years of age in Canada! The average

allowance per child currently amounts to \$6.16 a month. The average allowance per family amounts to \$13.93 a month, or just over \$167 a year. This represents an average increment of 10 to 15 percent to the average annual income of all Canadian families.

A social welfare program of such magnitude and dimensions has potentially tremendous economic and social significance for all Canadians. Our four-year experience has been barely sufficient to give us fleeting glimpses of the possibilities and implications of such a program. It may be years before any of us can fully assess its social results.

Nevertheless, we can recognize some interesting and valuable by-products of this great social experiment. We have established without question the fact that school attendance has been greatly improved, and this improvement has been attributed by the educational authorities to the fact that family allowances are discontinued when children are improperly absent from school. We know, too, that family allowances have resulted in a tremendous improvement in our vital statistics records. We have had to prove the age of 4.5 million Canadian children in the last four years, and this has brought home to parents, as never before, the absolute necessity of effecting prompt registration of birth for all newborn children. Fifty or sixty years from now the old age pension authorities of Canada will find their task made immeasurably easier, thanks to the complete birth registration now being effected as a direct result of family allowances.

We have, too, a much more complete and accurate demographic picture of our population than we had a year ago. We know more than we ever did before about the size and composition of our family units. We know more accurately the nature of our population shifts from province to province, because we can trace the movements of over half the population of Canada whenever they transfer their family allowance accounts from one regional office to another. Data regarding population shifts and the rate of new family formation is already being sent each month to the central housing authority in our country, giving that agency more accurate information than it has ever obtained from any other source as to critical shifts in housing needs and demands for new family housing throughout the different parts of Canada.

But all of these, of course, are only by-products. Many other questions arise and remain, for the present, at least, unanswered because

we cannot sift from the facts available those significant social developments which are attributable to family allowances and separate out those which may be attributed to other important factors in our economy.

What is the effect of family allowances on the birth rate? The birth rate since 1945, when family allowances were instituted, has risen to unprecedented heights in Canada. Is this due to family allowances? Before you jump to easy conclusions, remember that the United States, which has had no family allowances, has witnessed during these same four years an even sharper increase in its birth rate.

The infant mortality rate in Canada has declined significantly in these last four years. Who can say that it would not have declined by an equal amount if there had been no family allowances legislation in Canada?

The rate of fluid milk consumption and the demand for children's clothing took a sharp upturn immediately after family allowance payments were commenced. But this was also the period of demobilization, when large money payments were being filtered through into the stream of Canada's purchasing power as our returning servicemen began to draw their discharge benefits and other re-establishment credits. This was the period, too, when relaxation of wartime controls and the disappearance of shortages began to make consumer goods more readily available throughout the country. How can we tell how much of this was due to family allowances and how much to other factors?

Our monthly statistics on the size and composition of Canadian families reveal a steady increase in the number of small and medium-size families throughout Canada, and at the same time a small but continuing decrease in the number of large families (eight children and over). Is this due to family allowances, or is it simply part of a continuing trend? Has the trend been accentuated or retarded as a result of family allowances? No one can really say.

An American expert, testifying before a Congressional committee in January, 1949, uttered a priceless pearl of wisdom when he testified that the price of rayon had gone up in the United States because of the shortage of pulp from Canada; and that the shortage of pulp in Canada was due to the shortage of pulpwood cutters; and that the shortage of pulpwood cutters was due to the fact that the French-

Canadian farmers of Quebec would not go into the pulpwood any more in wintertime because they could stay home and live off their family allowances. This gem of logic met with an anguished howl of protest in our country; and the Pulp and Paper Association of Canada—an association of employers, mark you—came rushing to the defense of our family allowance program by issuing a statement which showed that the number of pulpwood cutters and the volume of pulpwood cut had been larger in the last few years than ever before in Canada's history.

One final question I must pose: How are the people of Canada spending their family allowances? Are they spending them wisely? Are they spending them as the Act requires, "exclusively for the maintenance, care, training, education and advancement of the child"? My answer must be another question: How does one know? How can one possibly tell? When the family allowances check is cashed by the Canadian mother, how can one possibly distinguish these family allowance dollars from the other dollars in the family purse? How can one tell which dollar it is, the wage dollar or the family allowances dollar, that the housewife spends on underwear for Johnny, schoolbooks for Mary, on pots and pans for the kitchen, linen for the bed, or perhaps even for a permanent wave for mother, or a show for the entire family, or a bottle of beer for dad?

There is, it seems to me, only one real answer to this question; and no amount of questionnaires or spot surveys or Gallup polls or sociological investigations will really provide any other authentic answer. The answer is that, by and large, family allowances are spent as part of the family budget. They are spent just as wisely, just as carefully, as the rest of the family income, perhaps a little more so because of our educational efforts through a variety of publicity media to direct the mother's attention to the fact that family allowances are for her children. But on the whole, the success or failure of our family allowances program, the wisdom or folly of our family allowance expenditures in terms of what they will buy for the children of our country, depends on the wisdom and judgment—or lack of it—of the average Canadian mother of the average Canadian child.

Can anyone be so cynical as to suggest that such a trust has not been wisely placed? Can anyone be so lacking in faith in the qualities of a

nation's citizens as to suggest that the overwhelming majority of all parents are not even more interested in the well-being of their children than the community at large? If we have any faith at all in the manhood and womanhood of our country, surely we must believe that all but an infinitesimal fraction of our fathers and mothers will do everything possible to provide properly for the health and well-being of their children.

This is surely the answer that must be given to those who urge that help for children should be given by the state only through services in kind, in other words, only through agencies which, however efficient and conscientious they may be, cannot possibly have the same measure of intimate personal attachment to an individual child as that child's own father and mother. Is it not time that we recognized fathers and mothers—the Canadian and American home—as being our Number one social agency in respect to the needs of our children?

All services in kind have to be administered through some social agency. Some, of course, like health care, can only be provided through some special form of communal organization; but the essential needs of childhood, the basic needs, are not so complicated as all that. They are the basic needs of decent food, clothing, shelter; in short, a decent level of economic subsistence, adequate for reasonably healthy day-to-day living.

We believe that in our country the "agencies" which are in the best position to supply these basic needs of childhood, provided they have the economic resources to make them available, are the Canadian fathers and mothers. Family allowances recognize these agencies as responsible ones, interested in the children of the nation because they are its own children. While providing alternative methods of administration in cases where the parents fail to justify our confidence, family allowances express our trust in the overwhelming majority of Canadian parents, our confidence that they will provide those basic needs in responsible fashion, if enabled to do so.

The basic, underlying purpose of this vast social experiment is to effect a redistribution of the nation's income, a redistribution which has an urgent social purpose. That social purpose is to focus the nation's attention on the fact that our future as a nation, our very survival as a nation, depends on the quality of our nation's children. The

economic burden of dependent childhood—the burden of Canada's future—has too long been left to lie on the shoulders of one section of our population, the Canadian parents. Now, through family allowances, at least a part of that burden has been placed where it belongs—on the shoulders of all who live and work and prosper in our land.

II. THE PUBLIC INVESTMENT IN CHILDREN

By *ALVA MYRDAL*

HOW ARE CHILDREN going to be economically provided for in this modern world of ours?

That question ought to have been posed long ago. To be more precise, the question arises in every country when and to the extent that children are freed from the yoke of child labor. As soon as the individual families and the society as a whole relinquish the income derived from child labor, the cost of providing for these children becomes a problem as yet unsolved. If we should make total social budgets and add the debit and credit sides for all groups, such an accounting ought to tell us that raising the age of entrance into gainful occupation is a very considerable cost factor in the economic structure of modern society. In the budget of the individual family, the difference between the early earning capacity of the young in former days and the prolonged period of dependency in our time is enormous. But neither the family nor society has as yet taken this cost increase into full account.

One of the most fatal changes brought about by modern economic life, which is competitive in its fundamental character, is that incomes accrue to the productive groups while the nonproductive groups are not provided for in any systematic way. The great dislocations in the economic structure which occur because of industrialization affect those nonproductive groups: the sick, the aged, and, of course, the unemployed, but also the young. Sometimes it is tempting to idealize the provisions that the pre-industrial society made for them: all these groups had, in the "good old times," a participating though not too clearly defined status within the family, and the family itself was a more closely knit unit for production as well as consumption.

Social security is the effort to redress the balance. The unemployed, the aged, and the sick are those with whose maintenance modern social policy is concerned. Very few outright and systematic surveys have shown that children and the young are in exactly the same category as other groups lacking in earning power. Individual families who are always dependent on the members actually engaged in income earning cannot be expected to bear the strain of caring for all the aged, sick, or unemployed among their relatives. But it is equally true that no definite provision exists for the exigencies of children. Incomes are not graded according to needs.

Children bring a new and potent factor into the problem. The question is not only one of the varying numbers which create a crucial burden on unvarying incomes. A source of income which can provide for their basic maintenance could obviously be constructed in the social security scheme. It would be the family allowances. In addition, however, society has a vital interest that children should not only be kept alive, but should be endowed for the future. Thus it must be agreed that family standards of living, which now are so considerably lowered by the costs of children, must be not only restored for the sake of equity, but must also be supplemented to meet the need for a real investment in improved health, in adequate training, and, generally, in increased productivity of the next generation.

This gives rise to the main question before us: What total investment plans do nations make for the preproductive groups, i.e., for children and young people? (There should be no doubt that these are profitable investments, not sacrifices, which will yield interest in the future.) I shall discuss this from a strictly economic point of view. We must face the fact plainly that children do occasion considerable cost and that, if wholly adequate provision for their needs were made, it would cost even more than is spent for children today. Thus, redistribution is not enough. It is inevitable that the children's share of any nation's resources must be considerably larger than now. The usual way of budgeting the national resources overlooks both these fundamental problems.

There are not many studies on the maintenance cost of children. Some calculations have been made in connection with establishing minimum wage scales. It is also true that a wealth of basic data is available in studies about family standards of living in general. For the

most part, these deal with the average family unit of some four persons under certain hypothetical circumstances and does not compare the differential costs of families of varying size.

If an attempt is made really to assess systematically the cost of children, two different approaches are possible, although both utilize studies on the actual cost of living as their empirical base. The first consists in defining a set of desirable standards with regard to nutrition, housing, etc., and calculating thereafter the cost of these desiderata for children according to certain methods of averaging costs. The second is more indirect—trying to measure the reductions caused by the addition of one or more children in existing family standards of living in regard to nutrition, housing, clothing, etc.

In England, an estimate of the former type was made in the Beveridge report on social insurance. Rent costs were excluded, and a certain reduction was also made because of the children's access to the milk scheme. Remaining family costs, on the basis of 1939 prices, were found to average 7s. a week.

In Norway, it has been calculated since the war that three children cost a family 2,460 Crs., or 16 Crs. per child per week, which is about double the British estimate.

In Sweden, some rather elaborate calculations, using both the above-mentioned methods, have been made at different occasions in order to establish as far as possible a basis for an equitable redistribution in incomes according to cost of child maintenance. The first study made, according to the first method, in 1938, gave as a result 666.67 Sw. Crs. per year as an average cost during the first fifteen years, or about 13 Crs. per child per week, or a little more than double the British estimate.

As the most frequent income at that time was about 2,000 Crs. per year, it was easy to draw conclusions as to how many families could maintain any greater number of children and maintain them according to desirable standards.¹

¹ The calculations, which were made by Richard Sterner in an unpublished study, were based on (a) the estimate made by the Nutritional Council of the General Medical Board as to the minimum cost for a fair food consumption, counting the child as 0.7 consumption unit and figuring a cost of 0.75 Crs. daily per consumption unit; (b) the difference in rent between an apartment of two rooms and kitchen and one of three rooms and kitchen, 352 Crs. per year according to the housing census and halved because it was estimated that two children could share a room; (c) an investigation by the Population Commission showing that clothing for a boy would require a minimum

New studies were made after the war, giving a cost estimate of 800 Crs. per year per child of seven to eight years of age (and more for older children). These studies proceeded in an opposite direction, in that they correlated existing expenditure schemes with the number of children. From the cost of living data were chosen: (a) the percentages of the incomes devoted to food expenditure in families of different size; and (b) the percentage devoted to cultural expenditure in families of different size. These two measures were used because they represented, on the one hand, the most invariable and necessary one (food) and, on the other, the most varying and marginal one (culture). Combining the two measures, it was found that in order to maintain a family at a given standard for food and culture, an income increment of 700–800 Crs. would again be needed for each extra child of seven to eight years of age. The level chosen was that of a good working class standard (annual income about 4,000 Sw. Crs.).

I myself had made earlier some calculations on the same cost of living data from the 1930s, showing even more directly how various types of expenditure must be pressed because of children. The most important pressure occurred with regard to housing, where even if the same amount of money is used for rent, overcrowding is a natural concomitant of childrearing for large sections of any population. The least marked decrease in standards, at first sight, refers to food. Total food costs increase, but food must be provided. A closer study revealed, however, that the quality of food decreased rapidly. The increase in the number of children can be read directly from the vitamin charts: the more children, the less intake of vitamins, and also of iron, animal protein, and calories.

These phenomena are all well known in general terms, although they have rarely been as thoroughly documented as in these Swedish studies. Some graphs which I made to illustrate effects which are less known than the effects on housing and nutrition may be even more revealing. They show the effect of the cost of children on the amount of medical care, cultural expenditure, and recreational participation. The reductions suffered were striking, for example, with regard to dental care, hygiene, travel, and books. The more children in a family,

cost of 120 Crs. annually and for a girl, 100 Crs; (d) the assumption based on general budget studies that the previous three items represent not quite two thirds of the total cost of consumption.

the less opportunity there was for any member of that family to obtain any of these things.

It is deplorable, to say the least, that such studies are made so seldom. Basic data on cost of living studies are abundantly available, but they are used for other purposes: for the imperative need to follow the development of real wages; for the valuable use of calculating cost-of-living increments to wages and salaries, where such increments are introduced; and, finally, for deciding classifications of localities with regard to cost of living. It ought to be obligatory in socially advanced communities to follow, study, and publish the cost of children and the reductions in living standards which children cause.

It would then become generally understood that the advances made in nutritional standards, in scientific medicine, in culture within any nation, are so distributed that they reach last and least the families with children, those who might have profited from such a capital to create an even richer future for the people.

It is no task of science to prescribe how far society should fill the gaps in the standards of living of families such as those which have been discussed. These are political decisions, and such decisions have to be taken by nations and municipalities, according to the different objectives they have set for themselves in the social field. If, however, these objectives were more often stated expressly, greater use could also be made of social technology to analyze the various means available to achieve that desired standard for families. Alternatives proposed to provide better for children should then not only be judged at face value, but their efficiency could be analyzed, their costs could be gauged. The result would be more rational social engineering.

Up to the present, most important quantitative measures taken to redress the balance of the family standard of living, which has been lowered by a differential maintenance burden, have been haphazard. Whether or not they are appropriate has not been studied, least of all by comparisons in terms of effects on family budgets.

The most widely used differential measure is that relating to the payment of taxes. Most generally, the reductions for maintenance obligations are not constructed as tax rebates deducted to any fixed amount or percentage from the tax payment, but rather indirectly deriving from the practice of exempting a certain portion of income from tax assessment.

It would be interesting to study the different philosophies underlying tax exemptions by comparing countries that have considerably higher tax exemption for the income earner and his wife with those which have comparatively high exemptions for children. It may be stated, after a general survey of the field, that in recent years quite a new move is under way to increase the relative amount allowed for children. This means that steps are being taken in the very direction we are considering. A different approach is rather characteristic of a specific concern about population policy, and is illustrated in cases where families above a given very large size are exempted from all taxation (in Spain, all families with more than twelve children, regardless of income).

I do not know of any international study on this subject, but some interesting examples may be given. In England, both the family allowance and the tax exemption are standardized: the cash allowance is 5 s. per week, or £ 13 per year for all dependent children, after the first; the tax rebate is based on an income exemption of £ 80 for a single person, £ 140 for a married couple, and £50 per year for each dependent child.

In Belgium, a rather complicated system is applied. Generally, it may be said that the exemption of the income is increased by 20 percent per child, and the tax itself is further reduced by 5 percent for each of the two first children and by 7 percent for each additional child.

In Canada, there is a very direct relation between taxes and family allowances. On the introduction of family allowances, tax exemptions were scaled down to \$150 per child.

The tax policy of Finland (1943) provides for a direct rebate on the tax itself, with an interesting classification of all taxpayers according to the maintenance burden they carry. For a family with four children in the higher income groups, the rebate reaches approximately 10 percent of the income.

In the United States, where there are no family allowances, exemptions from taxable incomes are quite high: on the Federal income tax, \$500 for the income earner, \$500 for wife or husband, \$500 for each closely related dependent. In addition, certain classes of medical expenditures are also deductible.

The tax rebates, whichever form they take, ought to be studied on a

level with family allowances. A clear tabulation could be made presenting international comparisons of the direct cash allowances (family allowances) on the one hand, and on the other, the indirect revenue differentials in the form of tax rebates. The whole redistribution of actual incomes as between income earners with a different number of dependents could then be seen in one picture. Clear comparisons could follow as to what is achieved by the one method or the other, at one income level or another, in one country or another. Quite a new scheme for calculating family allowances might develop if national consideration were taken of how large a cash subsidy was needed in order to compensate for the indirect subsidy some groups enjoy in the form of tax rebates (and from which the poorer families cannot profit for the simple reason that they do not have an income high enough to allow implementation of the reductions they are entitled to). As yet, no such international study seems to exist. And no family allowance system is so constructed.

If we turn from the schemes for cash redistribution we find on the other side a whole range of measures for child welfare. The measures taken have generally been provisions to safeguard children's education and health. They have been advocated and introduced as such obvious advances on welfare grounds that they have seldom been motivated from the point of view we are considering—transfer of the child's maintenance from the private family to the community. Education is so ungrudgingly recognized as a responsibility of the state that we need only mention it here, and remember it as taking the most prominent place in any systematic scheme.

Health measures, which are equally important and are even more crucial in child welfare, have not been made so generally and so completely a community concern. Health measures are introduced in a more piecemeal manner—postnatal centers, school medical services, milk stations, etc.—than the general national schemes for education and are more often left to private financing. This, in itself, could give rise to drawing an interesting parallel between society's concern for education and for health care, and asking why the one has been considered more important than the other.

Leaving this challenging topic, I shall list a few examples of the child health measures of a general character established in various

parts of the world, that is, measures which refer to a nation's children as a whole.

Medical care.—Free medical care seems to be provided for mothers before it is provided for children. Free maternity care, carried out by home-visiting midwives and doctors or by hospitals, is often the beginning of social health services. Totally free medical care at child-bearing (prenatal, maternity and postnatal) is provided by the social security schemes of Sweden, Great Britain, New Zealand, the Union of Socialist Soviet Republics, and Czechoslovakia. France refunds 100 percent of medical costs in maternity cases under her social insurance schemes for the employed. Denmark specifically provides that all women bearing children for which they alone will be responsible—whether as single, divorced, deserted, or widowed mothers—have the right to free care in a maternity ward. In the United States, we find another interesting provision, that of the wartime program of free maternity care for the wives of the four lowest pay grades of the armed services.

When Sweden decided in 1937 to provide, free of cost, full care in maternity wards or in the home, it was considered a noteworthy innovation. At the same time, free health control for preschool children as well as for school children was systematized. The most revolutionary reform was considered to be the one making all dental care free for children (or practically free, since the cost is less than a dollar a year).

Since then, medical care in general has become more and more available within national health schemes. With the enactment of the Health Service Act of Great Britain, all the related medical services have been put at the disposal of mothers and children free of cost. Health centers for children and school medical services have been greatly increased. Even before that, Great Britain had what was perhaps the oldest established prenatal health service, now attended by about three fourths of all expectant mothers. This classlessness is interesting to note; it is a common experience in countries like Great Britain and Sweden, where health services are not compulsory and private doctors are also available, that mothers and babies from all social groups find it easy to take advantage of the public services; in some cities in Sweden up to 98 percent of all mothers avail themselves of the services. It is also of interest to note, however, that in present-

day discussions about socially provided medical services, the compromise solution of letting society organize and pay for the children's health bill has not been systematically introduced into the discussion, which always seems to be for or against a total nationalization of health costs. Neither has it been calculated what nations lose in the health outlook for their next generation, in vitality and productivity, by not assuring the young of the health care that is technically possible.

Housing.—The next measure, vital to the welfare of the child and at the same time fairly easily adapted to community provisions—at least more readily than the food budget—refers to housing.

The knowledge that a family needs more space to live in than do childless people has been long recognized by some salary systems; even the crofters or the bonded farm workers were often given a little more space according to the size of their families. In modern times, the idea that public subsidies should be scaled to the needs of the family was, I believe, first tried out in some council houses in Great Britain in the interwar period. The 1930 Housing and Slum Clearance Act included such provisions, but intended them only for particularly needy families. Later, permission was given to use state subsidies to housing developments as a pool, allowing differential rents to be charged. By the end of the second World War, only 112 local housing authorities had availed themselves of this possibility, the relative lack of success being ascribed to the fact that generally some means test was used for selecting the families. In Scandinavia, the system of graduated housing subsidies was carried into effect on a large scale and as a very definite guiding principle to social housing. In Sweden, Parliament decided in 1935 to discard general subsidies for low-cost housing in favor of a system by which, as new houses were being built under certain social guarantees, families with three or more children could obtain more space without increasing their rent. The income limit was in the higher brackets of the working class population, and the system adopted was one of annual rent subsidies for apartments and similar cost subsidies for privately owned homes. At that time, the method adopted was to give a state rebate in nonprofit housing developments (of which the majority are coöperative) and under certain standards of ample space and equipment in the building; the rebate amounting to 30 percent for families with three children; 40 percent for families with four children; 50 percent for families with five children; 60 per-

cent for families with six or seven children; and 70 percent for families with eight or more children. After ten years of successful operation reaching tens of thousands of families, this system was superseded by one applicable also to families renting in the free market. This provides a flat rent rebate of 130 Crs. per year and per child in families with at least two children under sixteen years of age, but retains certain fixed requirements as to the standards of space and equipment. It is envisaged that the income limits which must be set in the beginning should be raised and finally disappear.

The Swedish system has been followed in Denmark and Finland. An interesting difference in the Danish system is that single persons with two children also enjoy a rent reduction of 25 percent and that no further reduction occurs when there are more than six children in a family.

In France, similar benefits have been available since 1948, but the rent allocations are not fixed in one systematic scheme. Also, the rent subsidy is paid with the family allowance and is rather a supplement to it, while for social reasons allowing control of the family living quarters in regard to cleanliness as well as to overcrowding. These beginnings would be worthy of further study. As most countries start to use some community subsidies for housing, the social philosophy of such subsidizing ought to be discussed. I cannot help believing that paying on the social budget for the extra space needed for children is socially much healthier than any other formula of subsidizing some persons and not others.

School meals.—In the field of nutrition, the same principle of guaranteeing sufficient quantity and satisfactory quality can be applied, although there are more administrative difficulties than in the field of housing. Free milk to pregnant mothers and babies is one feature of such an effort; in some countries such services have been extended to include fruit juice, cod-liver oil, and vitamin tablets. A double-price system has been tried in various countries during depressions or war, since it is apparently most easy to administer under rationing.

The one measure which can be nearly universally applied is that of providing a free school meal. As usual, this measure has been introduced most often in the countries which are economically and socially advanced. Norway—or rather the municipality of Oslo—was one of the first to experiment, from 1929, with a scientifically composed mini-

mum breakfast, given before the school day starts and provided free to all children who want it. About 91 percent of the pupils in the public schools participate in this. In Great Britain, a beginning was made for a universal system with the so-called "milk scheme," which provides a third of a pint of milk free to all children and now reaches the majority of children in private as well as in public schools. The Education Act of 1944, in addition, provides for a substantial mid-day meal in the free schools. As yet, however, these meals are not altogether free to all children, for parents contribute an amount that covers about 15 percent of the cost. In 1948 about 52 percent of the nations's school children received such meals.

In the United States, the school luncheon is one of the few features of this kind of general child welfare in which the Federal government, by a law of 1946, takes part. Federal subsidies go to states that furnish additional grants for the school meal. The Secretary of Agriculture sets certain standards for the nutritive composition of the meals. The meals are not free, but they are cheap and are given without cost to those who cannot pay. About six million children benefit from them.

In Sweden, legislation has been passed, making completely free school luncheons available to all children. Since achievement of a balanced diet and an improved nutritional standard in the country is the dominating objective, the school luncheon is calculated to guarantee half of the child's daily requirement of protective foods (proteins, mineral salts, and vitamins), and one third of the calorie requirement. As the administration of such a project requires a lot of planning, and sometimes even some building, only 3,000 schools, comprising about one third of all children, have been able to avail themselves of the state grants for these luncheons.

That this measure is not per se restricted to economically privileged countries is shown in a report issued by the Food and Agriculture Organization of the United Nations, pointing out considerable advances in this direction, particularly in Egypt, where a national plan has been elaborated, as well as in several countries of Latin America. In these countries the trend is toward "meal stations," sometimes under public authority, sometimes under charity organizations. Another interesting development is noted in the Philippines, where in February, 1948, a committee recommended a free school meal suitable to the particular nutritional situation of the country. In Ceylon, free

mid-day meals are given to all pupils in the public schools of Sinhalese and Tamil districts, and to some extent in schools of higher education.

Disregarding in this very schematic survey the local problems of administration, I would state that as soon as the children of any country are brought together in groupings, for educational or other purposes, the provision of a free, nutritionally guaranteed meal is one of the cheapest and simplest measures for redistributing to children their fair share of resources. Here there is a task for the planners of agriculture and national economy in general; international comparisons give them assurance that it can be done.

Miscellaneous services and benefits.—The costs of clothing, travel, books, and many miscellaneous items which constitute more or less accentuated needs for children, have in certain countries led to experimentation with community provisions or economic compensation. Among these, clothing perhaps has been the item that has seemed least promising for community provision, for it is so highly dependent on individual choice, and also on individual skill. As an exception, it may be mentioned that in 1941 a Swedish Population Committee proposed that some heavier and more standardized garments for school wear—overcoats and shoes—might be publicly bought and made available to children, but no official action has been taken. On the other hand, the cost of a layette has often been considered together with other items in provisions for maternity, leading to a special maternity benefit, which is most often paid in cash.

Of such maternity benefits there could be made long lists. All countries which have entered into the development of social insurance or of an even more comprehensive social security pay attention to the need of compensating the extra costs incurred when a woman cannot work on account of childbearing. The first and most general concern has, however, been for the mother as a worker rather than for the child as introducing extra costs. The cash benefits, payable to employed women for loss of wages during the weeks they are compelled by law not to work, are very widely applied and need not here be further mentioned. Special cash benefits to mothers—and this must include all, not only those gainfully employed—are becoming more general as answering a real need. In Czechoslovakia, the new social security plans assure all women of a lump sum of 2,000 Crs. on the birth of a child. A layette is supplied by the insurance institution. In Denmark, a lay-

ette is also provided and all pregnant women, whether ordinarily gainfully employed or not, receive a sum calculated according to two weeks of sickness benefits. In the USSR, lump-sum payments increase with the number of children, scaling from 400 rubles at the birth of the third child to 5,000 rubles for the tenth, and are considered as a first installment of the family allowances. In all such cases where the sums increase with later births in a family, they do not seem to relate directly to cost but rather to be a population policy measure.

With regard to benefits at time of childbirth, a breakdown according to real needs would seem to be needed. As yet, such benefits are scaled in a rather incidental way. Again, international comparisons, resulting in a real analysis, would be highly valuable. If they were accomplished, there is no doubt that a rational compensation for extra costs and a well-calculated investment in improvements would be outlined.

Further down the list of measures for economic welfare of children are those that aim not to compensate for extra costs but to alleviate the extra workloads on families with children. The home aides services is both a recent and a rational development in this field. When domestic servants become scarce as a consequence of the professionalization of women's work, they become more and more unattainable for those families who, because of social needs, would have a priority—families with children. The remedy, obviously, is to make them available on the social budget rather than on the individual one. Some far-sighted countries have already moved in this direction—Great Britain, the three most advanced of its dominions, and the Scandinavian countries. Experiments carried out with the aid of local authorities or voluntary societies long before the war led to the official establishment in 1944, both in Great Britain and Sweden, of nationally organized services of home aides available to families in periods of need. In the same year, New Zealand made such services a feature of its social security scheme. Denmark, Australia, and Canada are noted among the pioneers who have organized similar services for certain groups. France and the Netherlands have announced their preparations. In Czechoslovakia, such domestic help is available for mothers of at least one child, in cases where they are hospitalized or sick in bed, and is, interestingly enough, carried on from the fifteenth day to a maximum of one year. In Sweden, where these aides have the status of official em-

ployees and where a group of some three thousand have been specifically trained and subsequently employed, two observations are significant: (1) that this is the way, and perhaps the only way, to raise the prestige of domestic service—by adding a professional career to its ordinarily low ranks; (2) that a reallocation of domestic help, from families with abundant private means to families with work-aid needs on account of children, is within the social perspective.

Recreation aid, and particularly rebates for travel, has long been a feature of the French privileges for large-sized families. Sweden has also introduced on its railroads, which are practically all state-owned, so-called "family tickets," allowing considerable reductions when a family travels as a group. Even more far reaching are the decisions covering the last few summers whereby children get one free ticket to and from a country place, as does also the mother if accompanying them. Although this provision has certain limitations as to family incomes, 90 percent of the families are eligible for it. In addition, some thirty thousand children are cared for in summer camps, community organized, and a state subsidy is paid to families who take children for the summer in their private homes. In many countries camps have been organized for the less favored groups of children. Sweden is as yet the one country that has attempted to make vacations available to all, using many different schemes. A related scheme is that of providing holidays with pay for mothers. Not every mother has as yet that right every year, but a substantial number are provided with free sojourns at summer resorts and rest homes, and attendance at combined vacation and study courses. Rest homes for overworked mothers exist in Poland as a new feature of social assistance; sometimes mothers and children stay there together, while the mothers learn new ways of handling their children.

There is, of course, no end to the good things that people want for their children. Nevertheless, it would not be too difficult to determine what are the basic needs for child welfare, which should constitute the first objective, then to decide what other measures seem advisable in a particular economic and cultural setting, to establish practical priorities between these measures, and, finally, to develop national plans for investment in the young. Family allowances would have their place in such plans, but the relations between family allowances and other investments for increasing the welfare of children have to be studied

with great care and conscientiousness. Nothing is to be gained by introducing one reform or another on doctrinaire grounds or, even less honorable, because of political pressure.

In broad outline, such an investment plan—disregarding all the special measures which have to be provided for physically, mentally, or socially incapacitated children—would seem to me to have to follow some main avenues. We cannot copy one or another of the national schemes as now developed. It seems rather more profitable to let our imagination play on the national scenes of countries yet under-developed. What would be their first and their subsequent steps in introducing a system for rationally covering the economic needs of children?

It seems to me that they would have to: (1) make the blueprints; (2) according to their rate of development of urbanization, and particularly for some fundamentals of an absolutely universal character, introduce some features that safeguard children and also are of a fairly universal character; (3) model according to circumstances a number of other schemes which are practical and valuable in varying degrees; and (4) top the structure with supplementary cash allowances, including both family allowances and tax reductions.

The manual for development of investment plans for child welfare thus would carry the following entries, all of which should be estimated and compared with the pressure that children actually exert on family budgets, when an equivalent improvement is provided for by private means:

1. Fundamentals

- (a) A system of free education for all
- (b) A system of free health care, including all medical services, dental care, hospital costs, medicines, and preventive measures to safeguard the health of the young

2. Safeguards of a universal character

- (a) A scheme for redistributing housing costs for children, feasible in most types of society, coupled with a requirement that certain space and equipment for the growing generation be provided through these subsidies
- (b) A scheme for school meals, feasible in many but not all types of community. (Whenever introduced, one of their functions should be to guarantee a more wholesome composition of the diet.)

3. Coöperative measures for the welfare of children and the more equitable distribution of the costs of investing in them

- (a) Maternity benefits, including all kinds of compensation for extra costs at the time of childbirth
 - (b) Home aides
 - (c) Holidays for mothers
 - (d) Recreation facilities and cheaper travel for children
4. Supplementary measures
- (a) A fixed cash allowance per child, systematically calculated
 - (b) Tax reductions, in order to allow the family to budget in its own way for remaining children's needs

This seems to me to be an outline for a more rational planning for children's needs, giving family allowances their place among many other possibilities.

Our forests are objects of a whole science of planned reforestation. Should we not care equally much about our human resources? The only question is how we can achieve the maximum of welfare for them, all over the world.

Our Role in the World Mental Health Program

By MARY E. SWITZER

WHEN THE UNITED STATES joined the World Health Organization, thereby subscribing to the principles of its constitution, we as a nation accepted a goal to strive for in the health field that represents a characteristically ideal concept:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

This thesis, which our representatives did much to formulate, has influenced our thinking on strictly national health matters. The Federal Security Agency and the Public Health Service have gradually been moving toward a more unified approach to the solution of disease problems. In spite of the popular appeal of certain specialized fields, emphasis is constantly being placed on the total personality of man, sick and well, as he exists in his total environment, physical and social.

Karl Menninger defined mental health as the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. Not just efficiency, or just contentment—or the grace of obeying the rules of the game cheerfully. It is all of these together. It is the ability to maintain an even temper, an alert intelligence, socially considerate behavior, a happy disposition.¹

This philosophy, and the drive to translate some of its implications into better international understanding, was responsible for the or-

¹ Karl A. Menninger, *The Human Mind* (New York: Knopf, 1945), title page, Chap. 1.

ganization of the International Congress on Mental Health held in London in the summer of 1948. The United States and fifty-four other countries sent delegates to the Congress. It was my great privilege to attend that Congress for the Federal Security Agency, and for the Menninger Foundation.

This Congress differed materially from international conferences of social work in that instead of psychiatric concepts being considered as a factor in unemployment, delinquency, dependency, and other social problems, the process was reversed, and socio-environmental factors were considered as elements of a total problem, pinned down and identified as the problem of attaining mental health. Another significant difference was the conference's multidisciplinary approach. Psychiatrists were unquestionably in the majority among the 200 delegates, but social workers, teachers, nurses, counselors, and even just plain citizens were well represented.

It was the conception of the planners that this Congress should not be "just another meeting" or "just another series of scientific papers." Psychiatry and the sciences related to it had made great progress during the war, not only in our country, but in almost all the Allied countries, especially in Great Britain. The forces that were responsible for developing modern dynamic psychiatry were eager, before the information and impetus got stale, to bring together professional groups from all over the world, to concentrate on a central theme, and to see what would evolve. They wanted it to be a group endeavor and to represent the best example of group thinking that psychiatrists could stimulate as a result of the war experience. Consequently, it was decided to have as many groups as possible all over the world meet in the year prior to the Congress to discuss various aspects of mental health and to come to some consensus. Here in America, there were two national commissions—one on the effect of war on children and one on world citizenship—and more than a hundred smaller ones. Their work, together with those of other groups in other countries, was sent to London in advance of the Congress and analyzed, edited, and put into such form that it could be used by the Congress.

Due in large part to this and other preliminary work, some very specific and concrete results were achieved by the Congress. One was the formation of the World Federation for Mental Health, a voluntary body created to give continuing guidance and assistance to the mental

health aspects of official programs administered by WHO and the United Nations Educational, Scientific, and Cultural Organization.

Another impressive result was the formulation of definite principles and recommendations for the planning, organizing, and operation of both national and international mental health programs. These recommendations have now been published in the statement issued by the International Preparatory Commission of the Congress. That statement expresses in concise terms the major mental health problems as they relate to human development, to community life, and to world citizenship. It then proceeds to map out approaches to these problems which are of immediate and practical concern to social workers. They concern social workers because, as was brought out repeatedly in the sessions of the Congress, broadly organized national and international programs will become meaningful only as they are nourished by strongly rooted local programs.

The Congress itself was divided into three sections: Child Psychiatry, Medical Psychotherapy, and Mental Health and World Citizenship. Large, plenary sessions were followed by free discussion in smaller groups. There was unanimity of conviction that good mental health for everyone is essential if we are to achieve peace, and that this goal depends primarily on what is done for the child in the family. Therefore, the whole question of world citizenship was approached in two ways: in relationship to the individual, and in relationship to the family. Although most of the speakers were psychiatrists, it is significant that most of them emphasized the social and community aspects of child development. It became obvious that, in all the countries represented, the concept of the individual as a product chiefly of interpersonal relationships is accepted, not just by those who have studied psychoanalysis, but by most of the psychiatric world.

Analytical concepts were also predominant in the Medical Psychotherapy section, where the emphasis was on collective guilt and its effect on the modern world. Many of the papers conveyed a realization of what ought to have been a more personal concern for the misuse of human responsiveness which resulted in two world wars in our generation. There was evidence of a searching for some method to suggest to our leaders and our governments how the knowledge disclosed to us through psychiatry could be a constructive force for peace. This preoccupation with the world scene and its implications might create the

impression that the Congress felt that psychiatry, properly applied, could solve all the complexities of our present world. There was no such lack of humility in the minds and hearts of those gathered in London. They knew only too well the difficulty of applying the simplest truths concerning human behavior to their own immediate situations, let alone trying to forge a plan of action for the political arena of the nations. They tried to stress, however, both for themselves and the world, that workers in this field have a special responsibility because their professional training gives them particular insight into the motivations of men and knowledge which should help in the understanding of human behavior.

I had some interesting talks with psychiatrists, some of whom felt that it was presumptuous of the Congress to suggest they ought to help influence international relations at all, that anything which minimized the doctor-patient relationship was a disservice to psychiatry. I feel deeply that this point of view is narrow, if not wrong, since I know how much even a little knowledge of the principles of psychiatry has helped me. And I did not acquire this knowledge, such as it is, in the doctor-patient relationship. I was reinforced in this feeling when I discovered that it had been shared by Sigmund Freud. In 1935, Dr. Freud was asked by a distinguished psychiatrist: "How can we devote our time and energy to curing a few individuals at a time like this when our entire civilization, our very existence, is imperiled?" Freud answered that psychoanalysts could not save mankind, but that they could help by popularizing their knowledge. He was convinced that if psychoanalysis became a part of universal thought, "the day might come when these horrifying reactions of the collective psyche would no longer be possible."

We like to think that social workers have attained the kind of thinking to which Freud referred. In varying degrees and ways, social work is giving emotionally disturbed individuals some insight into their problems, but in the community at large a prescientific attitude toward personal and social problems remains prevalent.

The National Mental Health Act of 1946 take cognizance of this situation and provides valuable aid in changing it. It seemed to me extremely fortunate that this legislation had been passed and that the beginning stages of its program were in operation prior to the London meeting. Because of this, we were able to see how proposals and rec-

ommendations made at the Congress could fit into our program at home and at the same time we were able to contribute, from our experience, suggestions which others found helpful. The very fact that the United States had set forth in formal legislation its objective of making mental health services equally available to all its citizens was of itself a stimulation and an inspiration to our colleagues from other countries.

Potentially, this legislation which came from the dramatic revelation of need during the war can be to the casework aspects of social work what the public assistance legislation has been to its relief aspects. Like the public assistance program, however, the value of the national mental health program will largely be measured by the leadership it draws, particularly in the states and in the counties and cities.

By and large, our public assistance and social security programs today are a creditable product. They are far from perfect, of course, but taken the country over, they incorporate sound, professional concepts and are a strengthening rather than a weakening factor in the lives of those they serve. And it is the social workers whose civic enterprise and tireless efforts did much to build those programs.

The same type of leadership which social work furnished then is urgently needed today in shaping the national mental health program. After a brief two years of existence, it is still in the formative state, and is handicapped in many areas by lack of just such leadership. One evidence of this is the failure to use all available funds. Congress during the first two years of the program has appropriated over \$12.5 million,² about half of which has been in the form of Federal grants to states for mental health activities. By July 1, 1949, almost \$2 million of the more than \$6 million granted to the states will have been turned back to the Federal Treasury either because states could not raise the one dollar required for matching each two Federal dollars, or because, having raised the money, they were unable to put it to constructive use.³ Lack of personnel to organize and develop programs, not lack of need, is why preventive services in the mental health field are not being developed even as fast as available funds would permit.

In the national aspects of the program the professions are making

² Total advanced to states \$6,248,878

Research grants 2,104,176

Training grants 4,376,914

³ Estimated total returned by July 1, 1949: \$1,727,268.

notable contributions through the National Advisory Mental Health Council, its committees and panels. However, very few states, to date, even have an advisory council for this program, and even fewer have social workers on it. It would be interesting to take a poll of social workers, to find how many know who their state mental health authority is; how many have studied their state's mental health plan; and how many know how their immediate community fits into that plan.

Perhaps such a poll would yield pleasantly surprising results. My pessimism, however, stems not only from that record of unspent funds, but also from the limited interest that the social work profession generally has shown in the two other basic features of the national mental health program, namely, research and training. Out of 249 applications for support for research projects in mental health, only four have come from the social work profession. Not a single person on a mental health research fellowship has a background in social work.

Since mental health research covers such a broad field, there has been no dearth of places to put all research funds appropriated under the Act, and it is certainly possible that, even if more projects had been submitted by social workers, they might not have been accepted. On the other hand, in view of the fact that two of the four projects submitted from this field were accepted, and considering how much research is needed, it is equally possible that more projects from this profession might have received support if more requests had been received.

Interest in training is more difficult to measure since stipends for graduate training are handled by the training centers and by the separate states out of the grants they receive. Moreover, the barrier to expanded training programs which arises from the shortage of instructors and facilities must be considered before judging whether or not everything is being done that can be done to obtain the personnel needed. Nevertheless, I feel that, with the ingenuity for which social workers are noted, more attention to the training need in state and local programs might yield some promising solutions.

In stressing the need for social work leadership in the national mental health program, I do not mean to minimize the tremendous contributions given by the psychiatric profession—by psychiatrists, psychologists, psychiatric social workers, and psychiatric nurses. I see

the social worker, however, as an especially effective link between these specialists and the nonprofessionals who must also become intimately involved if the program is to attain the broad objectives for which it was designed. Specialized services, as I see it, should be the sequel, not the prologue, to a more generalized program of orienting the total population in mental health principles and incorporating those principles into existing units of society.

Some progress toward that goal can already be noted. Among the most promising are the institute projects that have been financed by training grant funds. Most of these institutions, to date, have been jointly sponsored by medical societies and state mental health authorities and have been prepared primarily for physicians. Since it is estimated that psychosomatic illnesses account for a high percentage of all medical practice, the desirability of giving physicians even a few days of intensive orientation in psychiatric concepts is obvious. General practitioners have appreciated having a few basic principles which they find helpful in their approach to all patients as well as in screening out patients who need the attention of a specialist. Health officers and other public health workers are another group that have responded enthusiastically to this sort of orientation.

Plans are now under way for a similar institute for religious leaders. A grant for that purpose has been given to the National Committee for Mental Hygiene, and agenda are being worked out with representatives of the Catholic, Jewish, and Protestant faiths.

The same technique is equally applicable and is being used to some degree, under various auspices, for parents, teachers, industrial workers, law enforcement personnel, and, in fact, everyone who deals with people. A week or two devoted to lectures, discussions, and even, if the group is small, to a certain amount of group therapy can be most helpful in introducing mental health concepts. Those who attend can be given some awareness of the forces and factors that produce mental ill health as well as those that maintain and improve mental health. Institutes or study courses for parents, teachers, and others who deal with children are particularly important in view of the fact that there are still a great many such persons who have had no opportunity to learn even the most elementary facts about mental-emotional development.

It may be argued that making knowledge about mental health more widely known is no assurance that it will be more widely applied. Even

among social workers and members of the psychiatric professions—who have had much more orientation than it would seem practical to give to other groups—many examples could be cited of failure to apply knowledge about human motivations in gaining community support and in other nonclinical situations. However, even when such knowledge is not applied, the mere exposure to it helps to dissolve the fears and superstitions about mental illness which retard progress so seriously. And the ever present problem of how to insure community understanding and support for our state hospitals might be helped toward solution by widening the circle of those in the community who understand what mental hygiene is all about. We still have the challenge of improving the care of those ill enough to be in institutions and of bringing those institutions more responsively into the community mental health picture. By enlisting the assistance of those who are professionally skilled in mass education—representatives of the press, radio, films, advertising—scientific facts, which are the antidote for superstitious fears, can reach even wider audiences. In this connection, it might be well worth while to hold special institutes for representatives of the mass media of communication. This point was often stressed in London.

At the London conference, too, there was a great deal of discussion on the desirability of increasing emphasis on the school situation, from nursery school on through college. I sensed a certain groping among the highly professional psychoanalysts and psychotherapists for ways to make the advanced psychiatric skills available in the school situation. Everyone was acutely aware of the need and regretted that the Congress did not provide enough material on how it could be done. Further study of this problem is now in progress, however, in the Federal Security Agency. A joint committee of staff members from the National Institute of Mental Health, the Office of Education, and the Children's Bureau recently met with fourteen well-known educators for two days. One of the results of that conference was the recommendation that experimental workshops be developed for personnel of schools, health and welfare agencies, and other community organizations. These workshops would last ten days or two weeks, be community or state sponsored, and would be evaluated to determine the effectiveness of the technique in providing mental health information and in developing better mental health practices in the educational

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process. All these methods of involving nonpsychiatric groups in the mental health programs, however, require local planning and leadership by persons who are already sufficiently informed to know what is needed and how it can be obtained.

Numerous other examples could be cited of promising efforts to utilize modern knowledge about mental-emotional disorders in dealing with special groups. I was very much interested to hear, at the Congress, a report from Holland on the psychiatric orientation which has been given to their policemen. Not only does Holland use psychiatrists routinely in the juvenile courts, in cases involving alcoholics, domestic discord, and other social problems, but the policemen themselves are trained to call a psychiatrist when they encounter cases of mental or emotional disturbance just as they call a general practitioner when they are dealing with an accident or a case of physical injury.

In general, however, neither in this country nor abroad do we find any coördinated effort to involve the total community in the mental health program, to evaluate all its mental health potentialities, and to work out methods of developing them in every social unit: the family, the school, the church, industry, the courts, etc. The demonstration project which has recently been started in Phoenix, Arizona, by the National Institute of Mental Health in coöperation with the Arizona Department of Health perhaps comes closest to this approach. A psychiatric team—psychiatrist, clinical psychologist, psychiatric social worker, and mental health nurse—has been assigned to that area, not, primarily, to furnish treatment to individuals, but rather to devise a workable technique for strengthening the existing mental health resources of that community. The team has already enlisted the coöperation of health and welfare agencies and schools and is being used by these groups for consultation and for providing some in-service training to local staffs. Cases are accepted from these groups primarily for their teaching value. It will undoubtedly be some years before any valid findings can be reported from the Phoenix project, but what we hope will result from it is a practical plan of operation which can be put into effect in any community and which, by using a minimum number of psychiatrically trained personnel to orient key groups and individuals, will spread the application of preventive techniques throughout the entire community.

I hope that these words of mine may be of some help in impelling

you as social workers to examine the national mental health program as it is actually operating in your own states and communities and to work ceaselessly to push its affect into ever widening circles of community interest. As Sigmund Freud pointed out, psychiatry cannot save mankind, but it can provide an essential tool. Your professional training has made you the privileged possessor of psychiatric knowledge. It has equally laid upon you the obligation to share that knowledge for, as Thomas Huxley once observed, "the great end of life is not knowledge, but action."

Medical Care and the Maintenance of Health

I. FROM THE VIEWPOINT OF THE PHYSICIAN

By *ERNEST E. IRONS, M.D.*

THE WHOLE PROGRAM of social legislation is so large that most progress must be sectional as to its installation and partial as to its adoption. Social needs, like medical inadequacies, differ in different communities and require local treatment for their correction. The enthusiasm of leaders in social work, who earnestly desire to aid those who need help, often leads to the advocacy and passage of laws which result in situations not contemplated by those who propose them or support them.

Our approach and ultimate judgments will be clarified if certain basic principles are borne in mind. Medicine and social endeavors are but two aspects of the whole economic picture. The poor health of the poor is due to their poverty as well as to disease. Projects for the improvement of social conditions as well as for medical care are governed by the economics of the people. Human nature is an inseparable ingredient of all welfare efforts and often determines legislation, and its success or failure.

In ordinary life, we incline to the belief that most people in their dealings with each other are honest and will "play fair." When, however, people join in groups such as large corporations, unions, or, more particularly, political parties, many otherwise honest citizens condone sacrifice of principle for reasons of expediency. From this point it is a short step to the assumption that one should get all that is possible from the government and, finally, to the belief that what we call "government" owes everybody a living.

Social work started in an effort to help people to help themselves.

This still is a fundamental and safe concept. In some quarters, however, it is now assumed that all people should be helped regardless of need. Who will pay for all this? A paternal government. Where will the government get the money? From taxes. Too many people fail to see the whole pathway and its end. When productive agencies are overtaxed, they cannot function, and this in turn diminishes employment and increases the number requiring relief. Our common aim is a fuller life and higher standards of living. Standards of living depend, however, on national resources and productive activities; all goods and all leisure result from the utilization of natural resources through previous work. Better clothes, better food, labor-saving devices—these and other things which go to make up a fuller, easier life come because new methods, inventions, and mass production have been achieved by investment of capital—savings from previous work—in business and manufacturing.

Our present standard of living cannot be maintained without a continuation of intense productive activity. The care of the indigent and also of those who have fallen temporarily into a deteriorated economic position is a desirable and necessary function of our social structure. The administration of help and relief must conserve the recipient's self-respect; for that very reason, the criterion should be demonstrated need. This is the same principle that governs the operation of the Hill-Burton bill in relation to states. The recipient must be told that he is a part of his community and that for every recipient of largesse, someone else must work a little harder. This may best be done by making the distributing agent the local community.

I have considered it desirable to discuss these fundamental principles because they determine the provision of medical care as well as of every other welfare service.

In the development of medical care over the centuries, new professions, including dentistry and nursing of several types—registered nurses, practical nurses, and visiting nurses—have supplemented the physicians. A large group of social workers and, more recently, subdivisions of this group, such as physical therapists, occupational therapists, workers in vocational rehabilitation, and dietitians, constitute a part of the medical professions.

Each expansion of service, whether of dental care or nursing or of the several types of social service, requires more personnel who must

be trained and who must receive a reasonable return for their work. Training facilities, teaching, and wages add greatly to the costs of medical care. Today in the United States the various medical services require the full-time work of some three million people.

Because of the increasing costs of hospital service, the hospital is the center of most of today's medical problems. The hospital began as a hospice or resting place for the traveler; later it offered custodial care for ill persons. Now the hospital has become a center for the most advanced treatment and for medical diagnosis. Its potentialities as a distributing point for health information and for immunization have been utilized to only a limited extent.

In the last twenty years, trends have been reversed. Forty years ago, many thought of a hospital as a place to which to go to die. Now the hospital has become so popular that people try to enter not only for treatment, but sometimes, unfortunately, to spend a comfortable vacation. Formerly, most obstetric procedures were carried out in the home. Now more than 90 percent of white women in the United States have their babies in hospitals. Years ago, the patient with lobar pneumonia either lived or died at home. Then the development of serum therapy tended to increase the number of cases treated in hospitals. Now the use of penicillin and similar drugs frequently enables the patient under good medical care to recover at home in two or three days.

The standards of medical care are not static, for they are necessarily conditioned by the current state of knowledge and, equally important, the degree to which knowledge already attained is applied. Always some lag in the application of new methods of prevention and control of disease becomes apparent. But this interval of delay is far less than was the interval a hundred years ago, when we lacked present methods of dissemination of information. Following the demonstration by Jenner of vaccination against smallpox and its introduction into this country, the application of vaccination was still slow. With the preparation of safer materials, a well-established method of protection against smallpox has been developed, and adequately applied in recent years. Even now, however, the necessity of revaccination is lost to sight until the appearance of a case of smallpox excites a revival of vaccination.

In recent years the public has become so conditioned to accept the

new remedies which have appeared at an amazing rate that sometimes it is difficult to restrict these remedies until the results of their use can be adequately evaluated. In the early days of the sulfonamide drugs one compound seemed especially effective, but experience later showed that it had certain unfavorable effects on the nervous system, and it had to be abandoned in favor of other, less toxic compounds. Thus a conservative attitude should be maintained toward any new drug, particularly since the public is not always sufficiently critical in its evaluation. The publication of tentative scientific reports is often premature and misleading and may result in bitter disappointment.

Any definition of good medical care must relate to the state of medical knowledge at the period. Good medical care according to the knowledge and standards of fifty years ago would not be good medical care today. Fifty years ago, fractures were treated without use of X ray, which had not yet been introduced in general practice. Today the best current practice requires the use of X rays to determine position of fragments and proper reduction of the fracture. Before the discovery of antibiotic drugs and serums, lobar pneumonia was treated symptomatically according to the best practice. No doubt good symptomatic treatment accomplished more than did lack of treatment, but in metropolitan hospitals from twenty to forty-five people out of every hundred with lobar pneumonia died. Under current methods of treatment in these same hospitals less than seven die. In the first World War, 240 out of every 1,000 men with pneumonia in the armed forces died of that disease. In the second World War the rate was only one out of every 1,000. In each instance these men were treated in military hospitals by military doctors and provided with all that medicine of the period could provide. In neither instance was expense a consideration. The difference depended on new discoveries which revolutionized the scientific character of treatment in pneumonia.

Good medical care is thus the kind of medicine practiced and taught by those members of the medical profession who are best informed and involves the use of such inventions and discoveries as have been found useful in the prevention or cure of disease. Good medical care also involves the treatment of the patient as a whole and takes into consideration his social and economic status in determining the extent of the procedures to be used and the place where such procedures are to be applied. The result of treatment is also conditioned

by the economic and social situation to which he returns after recovery from his illness. Good medical care is conditioned, not only by the knowledge of the doctor, but also by the availability of equipment and hospitals.

The need for medical care is determined by the ability of medical science and art to determine the extent of the need and to deal with the problems of disease. The demand for medical care depends in large part on the willingness of people to avail themselves of it. Health education should be begun in the nursery school and continued throughout the educational process so that children will be properly informed of the basic principles of good health. When this is done, less time will have to be spent in correcting the misinformation and prejudices of adults. Any medical care program must also be adjusted to the financial ability of the community and the people, providing all the necessities and curtailing the luxuries. Sometimes the demands exceed what is adequate or good medical care. Often those who have had the least, demand the most. In part, this attitude reflects a sense of insecurity.

Although all are agreed that the real objective of medicine is the prevention rather than the cure of disease, both physicians and welfare agencies seem to concentrate their major attention on medical care. Preventive medicine involves procedures made possible by increasing scientific knowledge. These methods require activities which people cannot or do not provide for themselves. Sanitary measures such as the care of water supplies and pasteurization of milk involve community efforts and organization which can be carried out usually only by governmental agencies. The administration of some preventive technics such as the disposal of sewage or vaccination against smallpox, requires the application of the supreme power of the state. Here the interest of the individual is subordinated to the interests of the community.

Many of the preventive measures based on increasing knowledge of infectious diseases have become so much a part of our civil, medical, and economic life that we have difficulty in conceiving the situation as it existed a few decades ago. The danger of neglecting sanitary measures is well illustrated by the experience in Japan, where the pressure of war and the disorganization of such sanitary measures as had existed led to an almost complete breakdown of sanitary procedures. In

the fall of 1945 when the Civil Government of the Occupation assumed responsibility, there was an epidemic of 17,000 cases of small-pox which was controlled by large-scale vaccination; now there are fewer cases in Japan than in the United States. From September 1, 1945, to August 1, 1946, there were 32,435 cases of typhus; most of which originated with repatriates from Korea. Approximately 17,000,000 persons were dusted with DDT, and 5,300,000 were vaccinated against typhus. Since the second occupational year, no large outbreaks of typhus have occurred. Similar control has been re-established over diphtheria, cholera, and typhoid by suitable quarantine, sanitary measures, and vaccinations.

New times create new conditions. The prolongation of life has given us the problem of the care of the aged. The control of acute infectious diseases has changed the center of interest to the problem of chronic disease. New knowledge and new procedures created the specialty of pediatrics. As medicine develops each of these fields, the associated medical professions must assume new responsibilities. Special age groups are provided with programs adjusted to their needs. Thus programs such as those for maternal and prenatal care, and well-baby clinics, have been developed as part of the care of patients in dispensaries. Special clinics have been established, for example, for diabetes. All of these contribute to efficiency through expert attention to the special problems of these different groups. Frequently, the hospital convalescent is not quite ready to resume his place in the world and requires additional care which can be furnished in convalescent homes. Healthy children of preschool age present other problems which deserve further consideration.

The care and treatment of chronic mental diseases have created a continually increasing problem which involves the interests of both the individual and state. Sufferers from mental disease cease to contribute to the social welfare and themselves require care. This care demands special facilities which can be best supplied in large quantity under the direction of the state. The care of mental disease involves difficulties, such as the cumulative increase in population of mental institutions, and, until recently, the apparent hopelessness of their treatment. This hopelessness contributed to the mental inertia of those in charge, so that the quality of custodial care tended to deteriorate and added to the tendency to inefficiency of many governmental em-

ployees. Recent discoveries have indicated the possibility of cure of a moderate segment of these cases formerly considered hopeless, and should contribute also to the general morale of those charged with their care.

The problem of care and cure of chronic pulmonary tuberculosis in sanatoriums is changing almost daily because of new discoveries. The recent utilization of streptomycin and similar antibiotics has made possible the successful surgical treatment of many cases of chronic tuberculosis. Other selected types of tuberculosis are favorably influenced by these drugs, and the patient with chronic tuberculosis in many instances can anticipate relatively prompt convalescence. The community also has an interest in the proper hospitalization of patients with tuberculosis, in order to prevent infection of other members of the community.

The rehabilitation of the handicapped is now an important function of social service. Here again each problem is individual. A suitable program for the handicapped person depends on a full consideration of his circumstances and limitations. Not infrequently, vision by a physician and a coöperating specialist in social service is required to discover some way in which the handicapped person may become a useful member of society.

A dwarf about the size of an eight-year-old boy was unable to secure employment. The personnel director of a large organization was persuaded to hire him as a messenger. He soon knew everybody and every department of the plant. He was ambitious, careful, and never loafed, and it would now be difficult for the plant to get on without him. Here, by chance, a problem was solved that represents thousands of similar instances diverse in origin which offer opportunity to social service and medicine.

Frequently, disabilities which result from disease or accident require a change in occupation. Vocational rehabilitation of patients convalescent from tuberculosis is a serious problem in large sanatoriums. This has been recognized in many states, and funds are now supplied for training these patients in new occupations which will not be likely to cause a recurrence of their illness.

Industrialization has led to a progressively increasing population in large cities with a corresponding emphasis on medical care of the indigent. Even in the days of feudalism some people were always unable

to care for themselves; the numbers of these unfortunates are now multiplied in large cities. Efforts to care for this group are functions of our metropolitan charity hospitals and of the many dispensaries and clinics. Many among these people are only temporarily indigent and have ambition and some ability to become self-supporting and useful citizens. Others will continue to be public charges.

Rural communities also have their poor, but in general such problems are largely individual and are promptly assumed by the community. In large cities such personal responsibilities and interests disappear. Not only do citizens fail to love their neighbor as themselves; they do not even know their neighbor's name. In certain sectional groups the forms of disease creating disability and chronic illness are notably syphilis, tuberculosis, pellagra, and malaria. The means for the correction of these causes obviously vary. Education of the people themselves is an important factor. Dietary deficiency is now well recognized as the cause of pellagra, and the control of this disease has therefore become a problem of education and economics. Malaria is best controlled by public health and engineering technics. Throughout all these groups prominent contributing factors are ignorance and poverty.

Sometimes enthusiasts for the rapid correction of social and medical deficiencies recommend programs which, while they have a superficial and temporary appeal, violate general principles of economics. This disregard of social and economic principles has recurred throughout the centuries, with examples in our own lifetime.

During the inflationary days of the late 1920s, some of our supposedly stable and conservative bankers argued that in some way the principles of banking had changed, that we were in a new era, and that the well-established rules of banking credit had been replaced. One of them tried to explain at length how increased borrowing increased the basis of credit. It all seemed wonderful—but unconvincing, and we remember what happened soon afterward.

The urge for revolutionary change rather than evolutionary improvement and correction of faults, which come to notice with rising social and moral standards, has characterized many leaders of social movements throughout history. Yet even new technics must be based on sound economics if they are to be successful and should preferably be submitted to study in a controlled area before being uni-

versally adopted. The experiment in organization of medical care around Rochester, New York, is a conspicuous and interesting example.

Our common goal is the continued improvement of health of the American people. Despite the progress already made, much remains to be done, but it must be done without destroying the values we have. That there will be areas of disagreement based on sincere beliefs is to be expected. They can be adjusted so long as they are honestly motivated.

In the majority report of the Hoover Commission in the section dealing with the reorganization of medical projects of the Federal government, two groups of two each dissented from the majority, and three others out of a total of eleven opposed the mechanisms set up to carry out the majority recommendations. Differing opinions as to methods of procedure are characteristic of a democracy. A lag in the formation of public opinion, even when a good program is based on sound evidence, is inevitable. Caution is always necessary so that in seeking for the good, harm shall not be done.

American physicians are alive to the many social and health problems which confront an increasingly complex society. More physicians are needed, but standards of medical education must be maintained. Better distribution will follow the establishment of better facilities in neglected areas. Physicians also know that medical policies are conditioned by economics as well as by political ideologies.

The education of the people to take advantage of provisions for the protection of their health ranks high in a successful social welfare program. The social worker is thus the ambassador of medicine to the people. As more provisions are made for social betterment we need more and more ambassadors. Much time and effort and also tact are demanded of social workers in order that they may lead those whom they serve to see the opportunities of which they may avail themselves, and also the necessity for changes in their manner of life.

Interest and progress in promoting social welfare have grown enormously in recent decades. Progress in social welfare should not be damaged by the inclusion of projects which violate economic principles and therefore are doomed to failure. Monopoly of welfare is just as dangerous to the state as monopoly of business or land or food supplies. Progress in social betterment will be most successful if it

proceeds by evolution, with the utilization of increasing medical knowledge and with adjustment to economic principles.

II. FROM THE VIEWPOINT OF THE PRIVATE AND PUBLIC PATIENT

By *ALBERT DEUTSCH*

BERNARD SHAW once observed that there is nothing more insane in our social system than allowing a doctor's income to depend on the illnesses of his patients. The day will come—and I do not think it is far beyond the horizon—when our doctors will have a greater stake in keeping us well than in treating our ills. There is no doctor worth his salt who does not look forward hopefully to that day.

The whole concept of medical care has shifted mightily since the time, a few generations ago, when the general practitioner could carry most of the basic medical knowledge in his head and most of the basic tools of medicine in his little black bag. Within our own generation the range of medical knowledge has expanded enormously—almost in geometric progression—and medical science has become tremendously complex. Specialties and subspecialties have sprung up in profusion. Medical care now is not alone the province of the physician, but also of the nuclear physicist, the electronics expert, the biochemist, the pharmacologist, the statistician, the sanitary engineer, the architect, and a host of others.

The consumer of medical care, the patient, has watched with delighted awe as first one disease then another has been toppled by the dragon-slaying swords of medical science. He does not dispute the boast of organized medicine that this nation's quality of medical care is generally top-ranking—even if that boast is repeated too often and too much at the expense of the nonphysicians who are responsible for the major part of medical advancement. One has only to reflect on the origins of the great healing drugs of our time—the sulfonamides, penicillin, and streptomycin—to realize that most major medical discoveries are being made outside the clinic by nonmedical men.

But we are not here concerned with evaluating credit for medical progress or with the morality of a single profession's monopolistic and chauvinistic claims for developments resulting from the efforts of many men in many fields and many countries. We readily agree that the medical sciences and arts have attained high status in our land. We, as consumers, are concerned with the basic problem of bringing the fruits of that progress within the reach of all Americans. Both the distributors and the consumers of medical care agree that medicine, in becoming more complex, has become more expensive. The paradox of progress has put our medical schools and our voluntary hospitals into dire economic crisis. The anarchic concentrations of medical centers have helped deplete large areas of our country of practitioners. The solving of many a scientific problem has raised two economic and social problems in its stead.

The present maldistribution of medical care is now universally recognized. There is virtually unanimous agreement that the age-old custom of paying for each medical service at the time it is rendered is *passé*. At the National Health Assembly held in Washington in 1948 under the auspices of the Federal Security Agency, representatives of the American Medical Association joined with delegates from farm, labor, consumer, and health groups in signing an eight-point statement which included this significant declaration:

The principle of contributory health insurance should be the basic method of financing medical care for the large majority of the American people, in order to remove the burden of unpredictable sickness costs, abolish the economic barrier to adequate medical services and avoid the indignities of a "means test."

Nobody disputes the primacy of health insurance as the basic means for distributing medical care; the sole point at issue today is whether the medical needs of the American people would best be served by voluntary or government-sponsored compulsory insurance. Those of us who favor the latter do not regard it as a panacea for all medical problems. Nor do we say that voluntary health insurance is bad. What we do say is that voluntary health insurance is better than none—most of us were in the front lines fighting for it at the time the AMA opposed it as "socialism and communism—inciting to revolution." We say, further, that a nationwide system of government-sponsored health

insurance, as a natural and needed expansion of our social security system, is better, much better, than the voluntary plans.

We are not frightened off by such meaningless trigger-terms as "socialized medicine" which defy specific definition and are useful only as propagandistic bogey words. Nor are we impressed by such hysterical clichés as "totalitarian," "regimented," and "enslaved" medicine. These timeworn catchwords are born of sheer desperation and opportunism and have no concrete application to the real issues at stake.

Besides, we have heard them all before in this field, in other contexts. The student of medical economics recognizes the AMA as the boy who cried wolf, again and again and again. It has raised the cry of socialism, Communism, and regimentation against virtually every advance step in medical economics. It denounced workmen's compensation as socialistic. It opposed Federal aid for infant and maternal health as Communistic. It opposed hospital insurance and medical care insurance as Bolshevik in inception and purpose. Its official organ characterized group health practice as an effort to impose "medical soviets" on the American people. Vaccination of children in public health centers, expansion of public health activities, cancer detection centers, extension of medical services for veterans, even Red Cross blood banks for civilians—all in turn have been denounced as socialistic schemes by organized medicine.

I cannot see how the AMA can use the word "totalitarian" without blushing. As one who has had frequent occasion to peruse the journals of organized medicine, from the *AMA Journal* down to the state and county organs, I can testify that the medical press represents the most totalitarianized section of America's professional journals. Dissent within the ranks, on matters of medical economics, is ruthlessly and systematically suppressed. Arguments of qualified experts outside medicine are deliberately ignored or distorted. I make only one exception to this general charge: the *New England Journal of Medicine*, organ of the Massachusetts Medical Society, does give the opposition a chance to be heard.

It is astonishing that a respected organization established for scientific and educational advancement should behave as the AMA does. I cannot explain it. I have a deep respect for Dr. Ernest E. Irons, the

present president of the AMA, both as a person and as a physician. I number among my friends many members of what I call the AMA hierarchy. Individually, they are fine persons. But something happens when they act collectively as the AMA. The whole becomes not only more than the sum of its parts, but something different and alien. Perhaps our social psychologists could explain it.

Howbeit, the AMA now frightens few and fools less. Repeated injections of propaganda have made many of us immune to its virulence. By its stubborn obstructionism, its hysterical denunciations of sober proposals, its inability to draft a concrete program of its own, the AMA has forfeited its right to a place of leadership.

We resent the paternalistic attitude of organized medicine in matters beyond its sphere of competence, or in matters of common interest and qualification. We resent the efforts to intrude the doctor-patient relationship beyond its proper area where it threatens to destroy wholesome producer-consumer relationships.

We know that a national health insurance system, well conceived and efficiently administered, would not threaten individual freedom but rather could extend it. We know what a mockery "freedom of choice" in selecting a doctor is to the East Side slum dweller who dares knock on a Park Avenue doctor's door. We know the extent to which the clinic or ward patient exercises "freedom of choice." We know how little actual choice is exercised even by those who could afford it.

We who are identified with social welfare, we know especially the undemocratic humiliations of the self-supporting family suddenly thrown into the ranks of the medically indigent. We know the official estimate of the AMA itself—still true though presented a decade ago—that 80 percent of the American people cannot afford the costs of serious illness under the private fee-for-service system and that half of us find it difficult or impossible to meet even the costs of ordinary sicknesses.

We know how modern medical economics divides the American people undemocratically into charity and pay patients. We know that an advancing democracy becomes increasingly intolerant of the individual indignities associated with the means test and other trappings of charity. We know that an expanding democracy, with its increased respect for human dignity, provides as rights services that were once handed down as poor relief.

The propagandists against national health insurance boast that 55,000,000 Americans are now covered by voluntary health insurance, and that the number is growing rapidly. They fail to point out that the overwhelming majority of these 55,000,000 are covered only for hospitalized illness—and that in varying degrees of completeness. They fail to take account of the fact that millions are covered by shabby commercial plans that pay out in benefits less than half the premiums received. They fail to stress the most significant point that less than 4 percent of our population is covered by comprehensive medical care insurance comparable in any sense to that contemplated in the Congressional bills that embody the health program proposed by President Truman. They ignore the fact that millions upon millions of Americans could not afford such comprehensive medical care insurance under even the best of voluntary prepayment plans because of excessive premiums plus the fact that they are operated on the basis of a flat premium instead of a graded scale, so that workers earning \$2,000 a year must pay as much as those making \$5,000 and more.

Let us look at the Truman health program as embodied in Senate bill 1679, introduced by Senators Thomas, Murray, Wagner, Pepper, Chavez, Taylor, McGrath, and Humphrey. A significant aspect of that bill, often overlooked, lies in the fact that the health insurance feature represents only one of seven titles. It is, in the best sense of the term, a true national health bill.

The AMA and other opponents of the Truman program are, of course, correct in observing that a national health insurance system cannot by itself solve the major problems of medical care. What would be the use of guaranteeing adequate medical care to all, for instance, if there were not the available man power and materials to deliver it? I commend to these critics, therefore, the declaration of purposes in S.1679, namely:

1. To relieve the shortage of qualified professional men and women by providing financial assistance to qualified educational institutions and by furnishing aid to the States to assist qualified students, through scholarships awarded without regard to race, color or creed . . .
2. To expand our knowledge concerning the causes, cure and prevention of those diseases which take heavy toll of life and productivity, by furnishing financial aid to scientific research in these fields.
3. To relieve the shortage of health facilities by extending existing legislation aiding the construction of such facilities and by adopting the pro-

visions of that legislation so that localities in greatest need of such facilities shall receive more adequate assistance.

4. To recognize the especially acute shortage of health facilities and personnel in rural areas and the desire of many rural people and their organizations to assume responsibility for obtaining such personnel and facilities by extending additional aid to such areas and by assisting rural health coöperatives on an experimental basis.

5. To make the benefits of preventive medicine and of sanitation accessible to all our people by extending the well-established policy of grants-in-aid to the States for public health services so as to make modern health departments and preventive services available in every part of the country as promptly as possible.

6. To encourage research into matters pertaining to the health and welfare of children and to further protect maternity and promote the health of our children by enabling the Children's Bureau to conduct and promote such research and by extending aid to the States for the expansion and improvement of maternal care and of services for the health of infants and children.

7. To provide a sound economic foundation for our free system of medicine and to correct the maldistribution of health personnel and facilities by establishing a system of Prepaid Personal Health Insurance on the principle of Social Insurance.

The health insurance provision of S.1679 actually takes up only a minor portion of the 163-page measure. It provides for comprehensive medical coverage for insured persons and their dependents in the home, doctor's office, and hospital, with specialist services as needed; X ray and other laboratory services; periodic health examinations; limited dental and home nursing care as available; full hospital benefits up to sixty days in any illness save mental disease or tuberculosis; unusually expensive medicines; medical appliances; and eyeglasses. It is to be financed by a 3 percent pay-roll tax up to \$4,800 of salary, shared equally by worker and employer, with the Federal government contributing a sum equal to one half of one percent of pay roll. Provision is made for public assistance clients to be covered by special contracts with public and voluntary agencies. It is estimated that the annual cost of this national health insurance system would be about \$6,000,000,000, or \$500,000,000 more than the present estimated annual expenditures for medical care.

Not even the most fervid proponent of this measure would claim perfection for it. Undoubtedly, gaps and defects would be discovered when it is put into operation. But we say that it is a better buy for the

consumer than anything now on the market. Those who ridicule it for guaranteeing what it cannot produce have not read the many careful qualifications in the bill itself, such as the provision that services are rendered only in so far as they are available and those provisions calling for continuing local and state-wide surveys to measure needs and available resources and to plan accordingly to match needs and resources as promptly as possible.

Those who repeatedly express fears of "centralized dictation from Washington bureaucrats" have not familiarized themselves with the specific safeguards, spelled out in painful detail, for decentralized administration.

I favor this bill because it proposes a system that is cheaper without sacrificing high standards, and is more efficient than hundreds of disoriented voluntary plans of varying quality and benefits. It includes practical methods for relieving current shortages and it is infused with democratic principles.

We who favor this measure do not dream of a panacea. But we are not content with an inadequate palliative. The people's health is the proper concern of government. Government, as Thomas Jefferson said, and Abraham Lincoln after him, does for the community what individuals cannot do for themselves or cannot do as well. Government is people. There is no danger to our democracy so long as we direct government to do our will. The real threat comes from those who would artificially divorce democratic government from the people, who paint it as an alien monster above and beyond us, an invader from without.

We do not oppose the medical profession. We respect it as one of our noblest aggregations. If I thought for a moment that a national health insurance system would do injury to our doctors or invade their rights, I would cease advocacy of it. A democracy functions for the protection of minorities as well as for the welfare of the majority. But I believe deeply that such a system would be good for doctors, would allow them to practice good medicine regardless of the economic status of their patients, would enhance their prestige in the community, afford them fair economic and spiritual returns, and, finally, give them what the best of them always seek—a stake in health rather than in sickness.

Organization for Medical Care

I. LOCAL AND VOLUNTARY IMPLICATIONS

By PAUL R. HAWLEY, M.D.

I AM OPPOSED to compulsory health insurance for two reasons. One arises from my political faith—and by that I certainly do not mean party affiliation, of which I have none, but rather the ideology of government to which I adhere—my political faith, which is based upon the concept of the Constitution held by our forefathers, and through adherence to which our country has grown, within a minute of history, to be the greatest in the world and the only present hope of the entire world. In adhering to the basic philosophy upon which our government was founded, I do not close my eyes to the necessity for progress; but I believe that we can progress without limit within the theory of government which we have followed until recently. I do not offer this as an argument against compulsory health insurance, but in explanation of my personal position.

As one who has for some years been interested in elevating the quality of medical care, I am greatly concerned over any proposal which will radically change a pattern which, with all its deficiencies, has produced the highest quality of medical care in the entire history of medicine. Some adjustments are inevitable, but I hope they will be evolutionary rather than revolutionary.

So much for my personal convictions.

Regardless of the method of payment of the costs of medical care, operation of the program at a higher level than the community is certain to result in a lowering of quality of that care. The latest evidence in support of this statement comes in a letter from a distinguished health administrator in England to a colleague in the United States:

One of the greatest objections raised against the service [the new national health program in Britain] is the waste of time in getting decisions from

the central authorities. Whereas, before the Act, the Committee of each hospital [what, in this country, is usually called the board of the hospital] and the chief executive officers were able to give quick decisions because they were on the spot, under the Act they have not the authority to decide upon more than ordinary every-day-to-day routine matters.

In order that you may not feel that this witness is biased against nationalized medical care, I quote another line from his letter: "Basically, the principle . . . of a comprehensive health service for the nation is as sound as ever, but the practical application of the principle leaves much to be desired."

So, I think we may accept the essentiality of control of operation upon the community level if we are to provide medical care of acceptable quality. Obviously, in every government scheme, as is illustrated in every bill introduced in the Congress upon this subject, there are supervisors and policy-making bodies at several levels above that of the community. These would not greatly handicap the operation if they confined their control to supervision and formulation of policy. However, my thirty-two years in government make me very suspicious of policy-making agencies. They appear to be constitutionally unable to refrain from operation, either directly or through control of finances.

There are several decisions to be made before we can explore the kinds of community organization needed to do such a job. We must first define "public" and "nonpublic patients." I think we can assume that nonpublic patients are those financially able to assume the entire burden of all medical or health needs. If this be true, nonpublic patients constitute a negligible group, so small that the administrative cost of separating them from the public group would be more than the saving.

It has been estimated that not more than 2 percent of our population are financially able to pay the costs of such long-duration illness as mental disease and tuberculosis. In addition to these diseases of active pathology there are the cases in which the pathology has either been stabilized or is progressing at a very slow rate. Some of these are rehabilitable; others are not—although, with the recent advances in rehabilitation, this has become a relative term. Even the most helpless can be improved by rehabilitation. The cost of such care and treatment is beyond the means of the great majority of our people.

If we are to classify patients as public and nonpublic, we must classify medical care into care of short and long duration. It is not necessary, for our purpose, that we draw a sharp line between these two. There will always be a twilight zone between the medical care of short duration and that of long duration for the reason that the care required for an illness may fall within the short-duration class for one citizen, and within the long-duration class for his neighbor. It is enough that we confine ourselves to these broad classes, recognizing that the classification of patients, with regard to the classification of medical care, must always be an individual matter. If some dividing line is essential to the clarity of this discussion, we may arbitrarily select a duration of illness of 120 days as the limit of short-duration illness, since that is about the maximum duration of the protection offered by voluntary insurance against the costs of medical care. In this connection you may remember that the benefit of hospital care offered in S.1679 (the compulsory health insurance bill of the Administration), is limited to sixty days in any benefit year, and that the exclusion from this benefit of mental or nervous disease and tuberculosis is more rigid than that practiced in many voluntary plans.

I think it is well also to note that S.1679 recognizes and proposes to continue the existence of institutions which have long been operated by government—local, state, or Federal—for the care of the long-duration illnesses; so we can assume the existence of such institutions in exploring this question of community organization for medical care.

We have recognized that there are almost innumerable classes of public patients, the only well-defined class comprising those who are entirely unable to pay for any medical care or to carry any form of insurance against these costs. Presumably, this class of patients will always be carried upon the local welfare rolls; and it is interesting to observe that they must also be carried upon welfare rolls for other necessities even if compulsory health insurance becomes a reality. It is for reasons such as this that I am unable to understand the iniquity of a means test, since a means test will continue to be applied, in one field or another, until all private capital is outlawed and we become a wholly socialistic state in which all our goods and services are supplied by the state without any transfer of money. Be that as it may, the means test has already been applied to the citizens on welfare rolls. Until the

principle of compulsory health insurance is adopted, the community health organization must include machinery for the classification of patients in the income levels above that of total indigency. This is obviously the field for the social worker, and the community health organization must include an efficient social service department.

The next question to be decided before we turn to the details of organization is the kind and amount of medical care to be provided. The first essential to community health is, of course, an adequate public health agency; but, having recognized this, we can dismiss it from further consideration because it is somewhat outside the scope of our subject, and because the form of organization of such an agency has already been fairly well established. In the clinical field of medical care, including personal preventive medicine as distinguished from public health, there are several limits at which it is possible to stop in the provision of medical care. It can be limited to the more serious illnesses requiring hospitalization; or to this minimum amount of medical care can be added diagnostic services, home and office visits, dental and nursing services.

There is no question about the essentiality of provision for such illnesses as require hospitalization. It is in this category that the heavy costs lie, and costs which cannot be spread over a long period without some method of prepayment. The history of voluntary prepayment of the costs of medical care shows that the large majority of people regard this amount of protection as adequate—a vociferous minority to the contrary notwithstanding.

Surprising as it may seem, I do not believe that it is adequate. The first addition that I would make would be the provision of diagnostic facilities on an outpatient basis. No one will question that accurate diagnosis is by far the most important element of medical care. Furthermore, it accounts for almost all the increase in cost of medical care, as distinguished from hospital care, and for some part of the increase in cost of hospital care itself. The fees that physicians and surgeons charge have risen surprisingly little in the last fifty years, falling far short of keeping pace with the devaluation of our currency during this period. However, no longer is good medical care predicated upon a glance at the tongue, a feel of the pulse, and a prod of the belly. There are blood chemistries, X rays, electrocardiograms, and many other bits of evidence that can be had only through precise technics

requiring many skilled hands and trained minds. Here is where the great increase in cost lies.

Furthermore, it is the lack of such facilities that is the greatest reason for the poor distribution of physicians in some areas. Modern medical education is based largely upon precise, scientific technics. The intern and the resident have them constantly at their disposal. It is heartbreaking to attempt to practice good medicine in a rural area without these essential aids. I know, because I once had this experience; and it was the feeling of futility, and the recognition of inability to do justice to my patients with such a handicap, that drove me away from the rural practice of medicine. There are thousands who have had like experiences, and it is the general knowledge of this difficulty that keeps young physicians away from such areas. The statement, made so often, that it is the low per capita income in rural areas—a deficiency in purchasing power—that keeps physicians away is ridiculous. I know hundreds of rural communities where the net income of physicians now is, or the potential income of new settlers would be, greater than that of 90 percent of urban practitioners; but young physicians settle in cities largely because the facilities for accurate diagnosis are there.

A third advantage of the outpatient diagnostic clinic is that it lowers the over-all cost of medical care. When such facilities are not available, the patient must be admitted to a hospital for the work-up of his case. Often this requires days, during which he is ambulatory and requires no active treatment. This is particularly true of the patient from a rural area who must be sent to a medical center for diagnosis and treatment. If his case can be worked up locally while he resides at home, the duration of his hospitalization can be reduced by that amount of time, thus reducing the cost of his illness.

For these reasons, I consider the availability of outpatient diagnostic clinics to be the most important need when a program of extension of medical care is studied.

Before we decide upon the establishment of these clinics, we should explore the question of cost. I doubt that they can ever be made self-supporting, even through the insurance principle. If the tests are thorough and comprehensive, the costs will be greater than the lower-income groups can afford; and, if fully met by insurance, the cost of

the insurance will price it out of the low-income market. In addition, there are the wholly indigent to be served.

The operation of such clinics will have to be subsidized from public funds. There are several ways in which this can be done. Part or all of the technical personnel can be put upon the public pay roll, and income used to defray such other expenses as building maintenance, equipment, and supplies. Another way would be to budget the entire operating cost and to credit income to the public treasury.

One or two rigid rules must be observed in the operation of such clinics. These are that examinations be made only upon the request of a physician, and that the reports be made to this physician and the patient be referred back to him. If these rules are not observed, the clinic will be overrun with people who wish to diagnose and treat their own illnesses; and physicians will not use the clinic if it becomes a medium for the referral of patients to other specialists.

The really tough problem in the extension of medical care is in the provision of a mechanism to spread the cost of home and office visits for the minor afflictions. Some families run to the doctor with every headache and pain in the back, and call the pediatrician every time the baby sneezes or indulges in the athletic exercise of a good cry. Other families disregard these indispositions of small consequence; and I am firmly convinced that the health of the nation would be improved immensely if more people did likewise.

The insurance principle is workable only when it can be protected against abuses. Fire insurance could not exist in a country in which there were no laws making arson a crime. Even with strict laws, there is occasional indulgence in arson. Marine insurance would be impossible without laws prohibiting barratry. I do not know how much protection is given life insurance by laws against murder, but I suppose it is not inconsiderable. On the other hand, life insurance seems to be a frequent incentive to murder.

It is obviously impossible to protect against abuse of medical care by law. Certain elements of medical care can be protected by the physician, since ordinarily it is he who decides when a patient should go to a hospital and how long he should stay. But it is the patient who decides when and how often he should consult the physician. While it is certainly true that there are people who consult a physician too

little or too late, they are few in number compared with the many who seek medical care unnecessarily. If this be true—and every experienced physician knows it to be true—when such patients must pay for such attention, one can imagine the increase in this habit that would follow the abolition of the direct fee for the service. In fact, any kind of insurance, voluntary or compulsory, is of itself an invitation to utilization of the benefits. This is the situation in England; the people are paying for the service in the form of taxes and direct contributions, and they are demanding what they, themselves, consider to be value received.

In so far as voluntary prepayment is concerned, the principle of coinsurance can be used to protect against abuses arising out of unnecessary utilization. This principle is that the insured person must carry some part of the risk; and it can be applied in several ways. One is by requiring the beneficiary to pay for the first two, or three, or four visits, until the necessity for treatment has been established. Another is to deduct from the benefits paid a certain flat sum, as for example, \$10 or \$15 per illness, or \$25 per year.

There is one field of home and office care in which the necessity for protection against abuses is not so great. This is in the aftertreatment of persons who have been hospitalized, but for whom hospital care is no longer necessary. The necessity for the care is ordinarily established by the hospitalization, and the cost of essential aftertreatment is an insurable risk. Like the outpatient diagnostic clinic, this protection should operate to reduce the period of hospitalization, and thus reduce the over-all cost of the illness.

The building of more hospitals, especially in rural communities, seems to have become a principle to be incorporated into every health bill introduced in the Congress, whether it pertains to the voluntary or the compulsory type of insurance. That there is need for the replacement of many obsolete and obsolescent hospital beds is generally recognized. It is also true that there is a bed shortage in some areas. But it is equally true that there is overbuilding in other areas. The reduction in average length of stay in hospitals, through early ambulation and the use of antibiotics, has relieved the shortage to a considerable degree. Furthermore, it seems rather foolish to increase the number of hospital beds until staffs can be assured. I have seen a statement that 9 percent of our existing beds are out of service because of

a shortage of nursing staff. It is such facts that convince me that it is the height of folly to proceed pell-mell into a comprehensive national program before we know whether or not we can deliver what we promise. It seems to me that first things come first—that the foundation should be laid before the superstructure is begun, and certainly that we should not build the roof before the excavation for the foundation is completed.

It is well known that there are serious shortages in certain categories of health personnel today, shortages which prevent full use of existing facilities. It is unquestionably true that we can produce more physicians if we have more medical schools; but limitation upon facilities for education is in no wise responsible for the shortage of trained public health officers, nurses, and medical technicians. We cannot fill the schools for these that we have; nor have we the slightest assurance that compulsory health insurance or a great expansion of hospitals will add a single applicant for such education. We have enough vacant facilities at this time—except, of course, in medical schools—to see whether this or that program will produce an increase of trained personnel. It would seem the part of wisdom to find out whether we can staff additional facilities before we begin to build them.

Another thing that has been overlooked is that, regardless of the amount of medical talent we have in this country, the most expert, by and large, will always be concentrated in medical centers. It is said that one objective in building hospitals in rural areas, at some distance from a medical center, was to attract specialists from the cities to these areas. This objective might have been achieved if there were any great excess of such specialists. It must be remembered that it takes anywhere from twenty-five to a thousand general practitioners to support a specialist; and remote rural areas will never be able to support anywhere near a full panel of expert specialists.

If the residents of these areas are to have the finest quality of medical care for serious conditions, they must go for treatment where skills of that order are available. To encourage them to obtain such services in their own community is to provide them with less than the best quality of medical care. This brings to mind the astonishing fact that so many people think that medical attention and medical care are synonymous. They are not, by any means. With a limit upon the facilities for

medical care, with just so many trained people to provide it, and so many man-hours to work per year, any program that forces the effort to give more medical care by this personnel, in these facilities, and in this time, is bound to lower the quality of that care. The only way that a fixed amount of anything can be spread over a greater area is by dilution; and dilution lowers quality. Any program which offers more medical care than the personnel and facilities can do justice to, can be operated only by the substitution of medical attention for medical care—a most dangerous adulteration.

Through many years of experimentation, the better types of local public health organizations have been evolved. We have no such experience in the field of medical care. This is a pity, because we appear now to be on the verge of a national program for medical care. While the Administration bill professes firm allegiance to the principle of decentralization, it is to be expected that, if local operation fails too often, there will be a centralization of operation—with disastrous results, if history be any guide. Many of us wish that there were less urgency for such a program so that, by trial and error, a sound system for operation at local levels could be perfected.

However, with little to guide us, there do seem to be certain principles that are self-evident. One of these is that the organization should be kept completely free from politics. Since health seems to have become a political football, this may be difficult. We can start with the principle, however, that this is a public service. As such, it must not be a profitable service. The governing board of the organization should be made up of public-spirited citizens of standing in the community who are able and willing to devote as much time as is necessary to the project. Politically, this board should not be bipartisan or tripartisan, but wholly nonpartisan.

As regards the knowledge and skills upon the board, no such neutrality should be sought. It should include at least four categories of people. First, and foremost, the public must have proper representation. I would expect that every member of the board be primarily a public representative, but those selected as peculiarly public representatives should have no affiliation with any field of health care. It is essential that these be intelligent people, but it is not necessary that they have any technical knowledge of the field of medical care.

There should be physicians on the board. These should be carefully

selected, but it is not difficult to find in any community physicians who place the public interest above selfish considerations. Realizing, with some shame, that there are men, licensed to practice medicine, who are unworthy of the high calling of medicine, I can state emphatically that the great majority of physicians are devoted men who consider the interests of their patients above all else. The physician component of the board is invaluable, and the technical advice they can offer is extremely useful.

Hospitals should be represented upon the board. The hospital will be the focal point around which the medical care program will revolve, in those communities which have a hospital. They will have to furnish a considerable part of the service, and their representation is essential. This representation should not be restricted to professional hospital administrators; active trustees of hospitals should also serve. In communities which have no hospital, this category would be omitted.

Last, but by no means least, the board of a community organization for medical care should include members who have some background in social service. Just as physicians and hospital representatives are experts in the technical aspects of medical care, the social worker is the expert in the economics of medical care; and, in a program of this kind, one of these aspects is just as important as the other. Here, again, it is not necessary that all this category be in the active practice of their profession. In almost every community of any size are to be found social workers of experience who have retired from practice in favor of a domestic career or a more lucrative calling.

The board which I have outlined is a quadripartite board. The uninitiated might think that there would be two blocs formed on such a board, with hospitals and doctors on the one hand, and social workers and public representatives on the other. There would not be the slightest danger of this. Many nonprofit plans for the prepayment of the costs of medical care are governed by tripartite boards consisting of doctors, hospitals, and public representatives. These work efficiently and harmoniously; and it almost never happens that the division upon any vote follows category lines. On the other hand, the technical information provided by each category—because many public representatives are bankers, insurance men, and others with financial training and experience—is most useful to the others,

To carry out the policies and directions of the board, there must be a full-time executive. He may or may not be a member of the board. He need have no medical or allied background, but his ability must be unquestionable. In many ways, it is preferable that he have no background in the medical care field. This will insure the absence of bias toward any part of that field; and, by all means, he should not be what is generally called a "do-gooder." Upon him, more than upon anyone else, will depend the success of the organization. A good executive director can do a fine job with a weak or mediocre board; but the best board in the world cannot substitute for a weak executive director.

The staff of the organization will depend upon the size of the program and, above all, upon the ability of the executive director to organize efficiently with economy of personnel.

The staff divisions will include at least fiscal, claims, and social service. There will be bills to be paid, at least for the indigent; and funds to be received and accounted for. Claims must be examined for validity, and to check abuses. The very heart of the organization will be the social service, to determine who needs assistance and how much, and to search for the hidden cases in need of medical care.

As to the functions of such an organization, one of the most useful it could perform is that of public education. Our people are in desperate need of sound education in health matters. They have been harangued on the one side by agitators who would convince them that the health of the nation is in a deplorable state; that thousands are dying needlessly every year because of the inadequacies of our health program and that if only we change it radically, we shall never die—or hardly ever. On the other hand, they are assured that everything is perfect; that there is no necessity for any improvement; and that any change would be fatal. I do not wonder that so many people are confused. I get letters regularly from people I have never heard of, asking whether such and such a foolish thing is true that they have read or heard over the radio.

Then, too, our people need education both in the proper use of the facilities for medical care that are now available and in the avoidance of their abuse. They must be taught to use them fully whenever necessary; but they must also be taught that abusing them will result in a lowering of quality for everyone, including themselves.

Whatever will be the health program of the future, I am sure that

all of us would insist that it not only provide an adequate amount of care, but also that the care shall be of the highest quality. I, for one, could not chart such a program with the facts that are available today. Nor do I believe that there are enough facts for anyone to be certain of the proper course. All that I hope is that we are certain before we leap—but this seems to be regarded as an archaic philosophy in our generation.

II. NATIONAL AND PUBLIC IMPLICATIONS

By LUCILLE M. SMITH

FOR SEVERAL MONTHS the Public Health Service has detailed me to act as Executive Secretary to the Interim Commission on Chronic Illness, a private commission sponsored by the American Hospital Association, the American Medical Association, the American Public Health Association, and the American Public Welfare Association. In a sense, therefore, I have been working with and for five national organizations. All these organizations have issued official policy statements dealing with this subject. Obviously, I can speak for none of them. What I can do, however, is to express my own views, which derive from my experience as a hospital social worker, as the director of a public welfare medical care program in a large metropolitan area, and more recently as a Federal consultant to state public assistance agencies administering or supervising a variety of plans to help assistance recipients obtain medical care.

Most of what I shall say is probably compatible with the official policy of each of the five agencies. There are, of course, some real differences among their viewpoints, but I shall try to spell out the basic principles on which there is agreement. Many people seriously believe that widening the base of public support for medical care will result in deterioration of the quality of medical care, will encourage disability, discourage thrift. I believe these to be myths, the same kind of myths that have plagued social workers in all their efforts at social reform.

However, the tensions and antagonisms that have arisen between the providers and users of medical services are not myths. In my judgment they threaten the quality of medical care under existing plans and postpone the development of better ones.

People need to have in doctors, dentists, nurses, hospital administrators, and other organized health groups the same confidence they have in the individual practitioner to whom they entrust their lives. My experience—particularly during the last fifteen years—gives me confidence that organized groups of professional practitioners can be brought together to help develop better national, state, and local plans for medical care for both public and private patients.

It is my hope that I can advance the serious efforts being made by many persons to find a way of improving the distribution of our excellent medical services, a way which will have the support and approval of those who provide the services as well as those who use them.

In doing this I shall suggest some practical ways in which social workers can help. These methods will be effective, however, only if we see the need to reverse a trend. It is high time to recognize that the social worker's role in social action can be one of using our knowledge of human relations to reduce the tensions that impede progress in solving local, national, and international problems. Let us see how we can help bring together the users and providers of health services.

As background for facts which suggest some of the principles that should underlie community planning for better health care, I shall draw on the experience of public assistance agencies. The facts I shall report are taken from a study, "Medical Care in Public Assistance," done in 1946 by twenty state public assistance agencies¹ and the Bureau of Public Assistance. Fourteen of the state reports have now been completed and made available to all state public assistance agencies. These reports include a description of the way in which the state agency has organized to administer the medical aspects of the program, and the volume, type, and cost of care received by recipients of assistance during the six-month period of the study.

The most striking observations to be drawn from the study are these: (1) the infrequency with which technical staffs are used in ad-

¹ Connecticut, Illinois, Indiana, Kansas, Maine, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Oregon, Pennsylvania, South Carolina, Texas, West Virginia, and Wyoming.

ministration and the corresponding infrequency with which advisory relationships with the providers of medical service have been used effectively; (2) the preponderance of plans in which the recipient has free choice of physician; (3) the wide range in kinds of service available under the medical care plan, in the number of persons receiving services, in the number of services actually made available, and in average and total costs; (4) the magnitude of sums spent by state and local assistance agencies for medical care.

Of the twenty states, only nine had assigned responsibility for the administration of the program to technical staff trained in the health field—physicians, medical social workers, and, in one program in one state, a nurse. Twelve states reported state advisory committees, and nine reported county committees in some or all counties. The composition, methods of appointment, nature of duties, and frequency of meetings varied so widely that generalizations about committee activities are not possible, except that usually where technical staff were employed, committees had also been appointed. A number of these committees were active in the early days of organizing the program, but they disbanded or became inactive once policies and procedures and fee schedules or cost standards were developed.

County doctors were widely used in only one state. In eight additional states, county or city physicians provided care in only a few counties or to specified groups of recipients. In the balance of the states, free choice of physician was reported by all counties participating in the study.

In old age assistance, which, of course, makes up the bulk of the public assistance case load, the services available under the program ranged from a minimum of "drugs only" to a comprehensive array including physician's services in the home, office, hospital, or other appropriate place; dental care; clinic and hospital care; nursing care; care in a nursing home; therapeutic diets; and necessary additional medical services and supplies recommended by the professional practitioner.

Among the states the range in percentage of old age assistance recipients receiving any type of medical service in the six-month period of the study was from 6 to 98 percent.² In the median state the percent-

² In the state which provides care to 98 percent of the aged, a \$2.00 medical item was included monthly in computing each assistance payment. The state cited was excluded in this computation.

age was 41. Even in as basic a service as physicians' care, a wide range in the percentage of persons receiving that service is revealed: from one percent to 44 percent in nineteen of the twenty states, with 26 percent for the median state.

In average costs per month per case, a similar disparity is demonstrated: from a low average cost of \$.52 in one state to \$12.08 in another and \$3.42 in the median state. If the cost of nursing home care, a large item, is excluded, the average cost per month per case ranges from \$.52 to \$5.98 with an average of \$2.75 in the median state. The average cost per old age assistance case receiving medical care for the six-month period ranged from \$12.44 to \$161.20 with \$44.31 for the median state. If the cost of nursing home care is excluded the range is from \$12.44 to \$56.11, with an average cost of \$36.94 in the median state.

As would be expected, the total expenses of the public assistance agencies for medical services and medical assistance also showed wide differences. On the basis of the study, it is estimated that total expenses ranged from \$200,000 a year in Wyoming to over \$7,000,000 in Massachusetts.

On the basis of the study in twenty states and some knowledge of case loads and practices in other states, it is estimated that in 1946 at least \$100,000,000 was spent by public assistance agencies to enable recipients to secure medical services. This figure does not include the cost of many medical services received by recipients from public and private sources for which no costs were incurred by public assistance agencies. Neither do these estimates include those for Maryland and the District of Columbia where relatively modest programs providing medical care to assistance recipients are financed by the health department.

All the programs have gaps and inadequacies. None represents what any community believes it needs.

With this as background, what general principles can be identified as guides in community planning for better medical care at both public and private expense?

1. *Joint planning.*—My first criterion is that planning should be done jointly by those who provide and those who use medical services. All too often this elementary concept is ignored or its significance underestimated, as the study reveals. Too often it is assumed that doctors,

health officers, hospital administrators, and other providers of services are too busy. Too much time is consumed. From my experience this is another myth. Some years ago I was discussing this question with one of the wise physicians who served on the Chicago Medical Society's Advisory Committee to the relief administration. I pointed out that I had yet to see a community that lacked public-spirited physicians, hospital administrators, and other professional personnel who would give time to help with the important task of organizing and administering public medical care programs. Remembering the many hours he had spent in committee meetings, the evenings at home he had missed, he laughed and said, "At least one benevolent, public-spirited professional man in every town, eh?" And to this day he never sees me without inquiring about my list of "benevolent planners." It grows longer with the years and with my wider acquaintance. It includes hundreds from the Atlantic to the Pacific and from North Dakota to Louisiana—a distinguished group of citizens eager to help when opportunity arises.

Social workers have a real opportunity, indeed an obligation, to see that this principle is consistently applied in community planning for better health care.

2. *The same system for public and private care.*—The same system should be used for publicly and privately financed care. Poor relief medical care programs are as antiquated as relief in kind and grocery boxes. The rapid and steady growth of prepaid medical and hospital care plans attests, not alone the desire to spread the costs of illness over periods of good and poor health, but also the intent to have those whose incomes are in the lower income brackets use the same services otherwise available only to the well-to-do.

3. *Free choice.*—The element of choice must be preserved for all—patient, practitioner, medical agency. A few of those in the forefront of the struggle for improving methods of distributing medical services argue that this is not essential. They support their claim with evidence that many folks have no family physician, no way of making a wise choice. These arguments are greatly overshadowed by the far more important fact that many people do have established ties with physicians and that even those who do not, prefer a system in which they may exercise choice if and when they wish to do so. The assurance of free choice is both a protection to the patient and an incentive to the

practitioner to give the best care of which he is capable. Furthermore, the patient is more inclined to follow the medical regime prescribed if he has had or knows he may have a part in selecting the source of his care. To the average ill person the complicated examinations and tests, the ritual of the doctor's office and hospital, are confusing, even frightening. Much of the resulting anxiety and bewilderment is dispelled if the patient has confidence in his doctor. We might better devote time, energy, and imagination to developing guides to help the public make wise choices than to continue the endless arguments about the value of free choice.

4. *Specific policies, standards, and procedures.*—Specific and objective policies must be set, and orderly procedures must be developed. There may seem to be less agreement on this fourth criterion than on the other three. Basically, however, I believe such agreement exists, although it is not yet recognized.

I have not been able to understand the logic of insistence that locally established policies and standards are preferable to national and state ones. Presumably, the absence of national and state policies and standards is considered a guarantee against bureaucracy. Actually, however, this absence has the opposite effect. Unless policies are enunciated and standards set, agency staffs cannot make uniform decisions, individual judgments vary, and, in fact, bureaucracy is invited to reign. This is true whether administration be local, state, or national.

The findings of the study dramatically illustrate need for state and national standards. Even if more money, facilities, and personnel were available, it is unlikely that the wide differences among states in availability of care can be equalized without national standards. Likewise, differences found within a state will remain unless there are state standards.

5. *Basic services preventive.*—The basic services of all community plans for medical services must be preventive. Most people agree. Actually, however, this principle is applied rarely for publicly financed care except for specified groups such as infants and mothers. In only a few of the prepaid plans in a few communities are such services included for those who finance their care. To achieve the application of this principle, we need not only more and different facilities, but also an extensive educational program to dispel man's complacency about minor ills that may forecast eventual illness and disability, and to

equip professional personnel with the knowledge and skill to recognize early signs of trouble ahead.

6. *Knowledge of services available in the community.*—The success of any community plan will depend in part upon the extent to which people are aware of the plan or plans for medical care. This is as true of publicly provided services as of those which must be purchased. It is surprising that a nation so addicted to advertising has done so little to acquaint the public with what, where, when, and how medical services are available.

The publicity techniques used by the prepaid hospital and medical plans and by some health departments and visiting nurse organizations can easily be adapted by other agencies and organizations. Knowledge of techniques is not lacking but rather community conviction that people should know about the availability of medical services. Too many of us are still mistakenly apprehensive lest by some chance it should become easy to secure the medical care one needs.

Three communities, to my knowledge, have developed central services for the chronically ill, one of whose functions is to maintain a community information service about institutional facilities available to chronically ill persons in all economic groups. The value of such a service is self-evident. It can be adapted to the needs of persons requiring any kind of health service even in urban communities where there is an abundance of health facilities. A central health information service and directories of health services written for the user of the service, combined with an extensive education program, could do much to conserve our overcrowded facilities, to encourage effective use of them, and to save the energies and money of people seeking the appropriate source of care.

7. *Financial stability.*—Any plan to be effective should, of course, be financially stable. The variety of public and private facilities available to some, most, or all of the people in each community and the different ways in which they are financed make this one of the most perplexing problems in community organization. In many communities we now have some public health services universally available to all the population, and other services available to some; some medical services are universally available to persons suffering from specific diseases; others are available to needy persons from private and public funds; and a much greater number of services are available on a pur-

chase basis either through prepayment plans or otherwise. The task of harnessing so many and such varied methods of financing is not to be underestimated; nor should the need to do so be discounted. If we are to maintain the combination of private and public effort in the health field that is generally held to be desirable, comparable methods of measuring costs must be developed and followed. Hospital councils, community chests and councils, prepaid plans, health and welfare departments, must work together to improve their accounting methods and devise means of correlating them.

Financial stability is as important for each of the facets which make up the complex of resources for care as it is for the whole. Yet in community after community cost and fee schedules are established with little regard to rates prevailing in the different hospitals and under different programs. Probably no other universally needed commodity lacks standardization in the cost of what the individual requires to meet similar needs adequately.

In the low-income states, financial stability can be achieved only by those facilities which circumscribe their admission and payment policies without respect to community planning. Yet perhaps the value of such planning in these states is even more real. The impetus for broad social reforms usually comes from recognition of gross need. Public opinion throughout the country is affected by facts demonstrating the need for better distribution of medical man power and facilities, and for more adequate and stable methods of financing the services needed in each community, and particularly in communities where unmet needs are greatest.

Other criteria could, if time permitted, be added to these: adequate rates of payment; measures to insure good quality of care; equalization of opportunity to secure care, regardless of race, residence, sex, economic condition, or other basis of discrimination. In making this selection of general principles widely accepted by health groups, I express my conviction that social workers have an unusual opportunity to influence community planning for the benefit of those whose care is financed both publicly and privately. Our education specifically includes public administration, community organization, human behavior, and social group work methods, a combination that should equip us to stimulate, participate in, and help effectuate the kind of planning outlined. Our experience has included the development of

extensive provisions for public medical care—as much as \$100,000,000 worth a year in public assistance alone. We should recognize the timeliness of using this combination of knowledge and experience to work with representatives of the health professions in applying the principles on which there is so much agreement.

Social work is a young profession, but we have sufficient maturity to demonstrate in community after community the wisdom and effectiveness of dispelling tensions. We can, if we will, play an important part in resolving the conflicts that now block progress.

Social Security: The Fork in the Road

By BENJAMIN B. KENDRICK

IT HAS SEEMED to me that there has been too much emphasis on social security's benefits and not enough on social security's cost. And here I am thinking not only of the monetary benefits and costs—the dollars and cents of it—but also in terms of human personality. Timely social security benefits, paid to persons that ought to have them, in appropriate amounts, can do much to preserve and protect individual personalities. On the other hand, social security benefits paid to the wrong person, at the wrong time, in the wrong way, or in the wrong amount, can demoralize individuals. As Abraham Lincoln once said, "You cannot help men permanently by doing for them what they could and should do for themselves."

Social security benefits, unwisely conceived, can leave a trail of unhappiness and defeat behind them. Moreover, even where no demoralization is involved, the value of social security benefits to the recipients must always be weighed against the deprivations suffered by those who must bear the costs. And here the shifting incidence of taxes must be remembered, as well as the fact that social security taxes are regressive. In the main, the costs of social security are paid by those least able to meet the bill. We should also remember that the benefits are always less than the costs, by the amount of the administrative expenses, at least.

We do not get something for nothing in social security.

At the National Conference of Social Work in 1948 Henry Wallace offered the most extreme views on social security. Mr. Wallace spoke in favor of a comprehensive, all-inclusive, social security system. Concerning the level of benefits, he said:

Our new party is dedicated to fighting for adequate benefits, benefits sufficient to insure a decent American standard of living. Upon the basis of a minimum wage of \$1 per hour, a sound minimum benefit structure for the social security system would not be less than \$35 per week.

I want to analyze that statement a bit; but first let me say that I am trying to show that it is possible to overexpand social security. Both insurance and assistance benefits can be too high; and insurance benefits can be paid in areas where assistance benefits would be preferable, or in cases where no benefits at all are indicated.

Perhaps, when stated bluntly, these points seem self-evident. Yet, among my friends who think of themselves as "liberals," I repeatedly encounter the attitude that if a little social security is good, more would be better. I repeatedly bump into the belief that progressive people, good people, intelligent people, want more social security; whereas it is the unfeeling reactionaries who, through stupidity or willfulness, are holding up progress. The fact that there must be some limit beyond which further expansion of social security would be unsound and unwise seems to escape them.

As an example, let us look now at Henry Wallace's proposal for minimum social security benefits of \$35.00 a week—under all programs—to see if this would not clearly represent an overexpansion of social security. This weekly \$35.00 would presumably be free from income and social security taxes just as present benefits are. The beneficiary would not need work clothes or carfare. The chance that he would do odd jobs around his house, perhaps keep a few chickens, would be worth something. All in all, tax-free benefits of \$35.00 a week would be equal to about \$50.00 a week in wages.

But what incentive would there be for a man who could draw benefits worth \$50.00 a week, staying at home, to take a job at the same figure? Some people seem to find it easy to resist temptation; others—including myself—do not. I have never found it easy to get out of bed on a cold morning and go to work. Or on any other morning, for that matter. Once in a while I do not make it. Usually, though, I get up and go to work, through an effort of will—and the will is founded on the knowledge that my livelihood, my place in the world, practically everything that I am, is at stake if I do not do it.

World-wide experience, springing from matters of incentive like this, suggests that benefits paid when a person is not working should not exceed about one half of the wages which he could earn by working. Otherwise, human frailty is subject to undue temptation. On this basis, then, with the equivalent of \$50.00 a week available for not working, minimum wages for working should be around \$100.00 a

week. This in turn, assuming a forty-hour week, suggests a minimum wage of about \$2.50 an hour rather than the \$1.00 an hour which Mr. Wallace mentioned.

I will not try to point out the economic implications of a minimum wage law providing \$2.50 an hour. Let me just say that if such a law would be a good thing, then why not make it \$5.00 an hour? Or \$50.00?

But suppose the minimum benefits were placed at \$35.00 a week and the minimum wage at \$1.00 an hour and suppose prices and employment opportunities should remain unchanged. On this basis, as I have indicated, the minimum benefits would be worth more than the minimum wages. It seems clear that not so very many people would receive benefits or wages much above these minimums.

At present a million persons or so, aged sixty-five or over, eligible for social security benefits, are continuing to work instead of drawing them. How many would still do so if they could have a larger income by not working? Would the unemployed man actively seek work if it meant a financial sacrifice? Would those remaining employed work as well as at present?

It seems absolutely clear to me that at best the economy under these conditions would barely limp along. Productive output would be drastically reduced. With a smaller total of automobiles, houses, food-stuffs, most of us would have less. We would move into a period of self-imposed austerity. Expanding social security to the extent that Mr. Wallace proposes, would, I am convinced, do far more harm than good.

Perhaps I have been laboring this point too long. But let me repeat: It is easily possible to overexpand social security. Not only can benefits be too high, they can be paid at the wrong time or in the wrong way, as I mean to bring out.

Now here is another thought about social security: It does not stay put; laws get changed.

Perhaps the process of expanding and improving our social security laws is too slow. I know many people become discouraged over the time-consuming processes of Congress. But the amendments in our social security legislation amount to a one-way street. The laws are hardly ever liberalized, never repealed. Every year there is at least some expansion in our Federal and state social security.

Now expansions in social security are of two kinds. First and most common are liberalizations designed to correct what seem to be glaring inconsistencies and anomalies in the existing laws. The trend is always toward rounding out, filling up, completing any benefit category that is once established. Secondly, and less frequently, are the occasions when a new type of benefit is established, a new category of need or presumptive need defined.

When an expansion of the second type is made, there follows a whole series of liberalizing amendments like some kind of chain reaction. It is obvious, therefore, that it is the expansions into new fields that are important; the subsequent liberalizations may be taken for granted. In consequence, no one who seeks to be farseeing should evaluate a proposal for new benefits merely in terms of just what is specified in a pending bill; he should try to think about all that is involved, about all the seeming anomalies and inconsistencies that will be rectified by the liberalizations which the future will surely bring.

Let me give an illustration. Let us look at the parents' benefits paid under Federal old age and survivors insurance. Back in 1939, when these benefits were started, it was thought that something should be done, on a money-back principle, in cases where the wage earner died without leaving a widow or child. Benefits for dependent parents were thought of. But the legislators were doubtful about such benefits. Neither the Advisory Council nor the Social Security Board had recommended them.

To receive benefits, a parent had to be sixty-five or over; there could have been no surviving widow or child; and the parent had to have been "wholly dependent upon and supported by" the particular son or daughter who died. Then, if he could meet these restrictive requirements, the monthly benefit would be only one half of the already low "primary benefit" for a retired worker, and would be cut off entirely if the parent remarried. Virtually all these restrictions appear anomalous and unjustified when we are looking at an actual case of hardship just over the borderline—assuming, of course, that we are going to pay benefits to parents at all.

The process of eliminating the anomalies started right away. "Wholly dependent upon" obviously could not be applied literally; the Social Security Board, as I recall, ruled that these words meant

"75 percent dependent upon." By legislation and regulation the test of dependency is now 50 percent, and I imagine that in administrative practice the 50 percent rule is applied generously.

So, by legislation, by regulation, and by administrative practice, the process of liberalizing parents' benefits has been going on from the beginning. It is still going on. The bill now pending in Congress would raise the level of payments and make other liberalizing changes. The process will continue, I am sure, until every parent with any reasonable basis for receiving benefits will receive them and in an amount substantially as adequate as the other benefits of the program, which themselves are being liberalized.

This, of course, is just an example. Others could be cited. Indeed, a similar story has been unfolding in the case of the lump-sum death payments. So far, benefits are not provided for the mother-in-law of a covered worker. But if such benefits were once started, they would be broadened until every mother-in-law with a reasonable claim for benefits was treated at least as well as the most favored mothers-in-law under the initial provisions.

My point is simply that once a new principle is established, the whole chain reaction of liberalization can be, and should be, foreseen. It is predictable. It is virtually inevitable.

Now social security in the United States can and should be expanded. It does not go far enough. In general, what we should aim at is maximum output fairly shared; reasonable family security; and a minimum of governmental compulsion restricting our freedom to spend the money we earn as we choose. But in seeking to bring social security up to what it ought to be, we should not set in motion forces which will carry it too far.

Proposals for permanent and total disability benefits under social insurance are, I believe, the most serious danger of this sort. The chain reaction would be most far-reaching. I do not see where it could stop until the government had a complete, compulsory program of sickness and medical care insurance. Moreover, such a system of so-called "socialized medicine" is, in turn, but one link in a much bigger chain leading to a major transformation in our form of government.

Incidentally, I may say that the Chamber of Commerce of the United States did not always see this point as clearly as it now does.

The Chamber used to have a policy declaration supporting social insurance benefits for the permanently disabled, to begin at age fifty-five. Its position is now one of opposition to such benefits. But this does not mean that the Chamber has generally become more conservative on social security. On the contrary, most of the Chamber's other social security declarations have been liberalized considerably in the past few years.

Let us suppose that we do undertake a program of permanent and total disability benefits, surrounded initially with a careful set of restrictions. Benefits, let us say, are to go only to those disabled six months or longer, only to those with an unusual record of continuous, covered employment, only to those with an objectively demonstrable condition which impairs their normal physical ability, only to those whose physical condition appears to have wiped out their employability, and only to those who would presumptively be working if not disabled. A law could easily be written with all these restrictions in it. But do you think it would long remain unliberalized? I do not.

There would be hardship cases on the wrong side of every restriction I have mentioned—cases that would wring your heart. Here is a former auto worker with a broken back which has never healed properly. His mortgage is being foreclosed. His wife has had a nervous breakdown under the strain. His children are staying with grandparents who can keep them no longer. The man had worked steadily for one company, where he was known as an excellent employee. But there were a lot of strikes and layoffs just prior to his accident. As a result, his wages in one calendar quarter were a few dollars short of enabling him to meet the eligibility requirement for benefits. Meanwhile, many others who were really less closely attached to covered employment are receiving benefits because their wage-record patterns happen to mesh better with the law's requirements.

As cases of this sort piled up, everyone, from case adjudicator to Congressman, would seek to liberalize the eligibility requirements a little. The poor families would seem to need the money so much more than the government with its \$10,000,000,000 reserve for the program. The whittling-away process would affect all the restrictions. Here is a skilled mechanic who has had to give up his regular job because of a serious heart condition. He could hold a job as a watchman, or do

other light, unskilled work, but despite every effort, he cannot find such a job. It just would not seem fair to deny him benefits because he could work at a job that he cannot get.

The private insurance companies had a lot of trouble with so-called "total and permanent disability" clauses in their life insurance policies. They wrote tight, restrictive clauses in their policies. And they tried to keep them tight. Insurance companies do not like to lose money. Moreover, they charged what they thought was a sufficient price for the disability protection, they made adequate allowance for overhead. Yet the private companies lost millions of dollars on these permanent and total disability clauses.

Do you know why? Basically, it was because they kept losing lawsuits. The actual words in the policy were whittled away through court decisions. Judges and juries alike just could not be hard-boiled when confronted with heart-rending hardship cases. But once a new interpretation was adopted to take care of some particular hardship case, the liberalized rule would subsequently permit perhaps twenty quasi-fraudulent claims to slip through for every genuine one.

Now Congress would not be confronted with a written contract which it was powerless to change, as in the case of a judge and jury interpreting an insurance policy. The process of whittling away at restrictions would not be primarily one of interpretation; Congress could—and would—liberalize the law whenever it saw fit. Perhaps this inevitable process by which any new piece of social security legislation is liberalized will not seem undesirable. If costs rise rapidly, then the very figures establishing the high costs can be used to argue that the program must be doing an immense amount of good. There is real merit in this thinking. In many instances the chain reaction of liberalization is highly desirable. There is not much sense in setting up a benefit program surrounded by so many restrictions that practically no one can draw the benefits.

But disability is not like death or old age. Disability is a very intangible concept. Whether or not a particular physical condition long disables a man, so far as useful work is concerned, depends largely on his attitude. And his attitude is most likely to be wholesome if the right incentives are present. It is not primarily the fraudulent claims that make disability insurance costs unpredictably high. If the word "fraud" must be used at all, then the fraud in large part is unconscious.

For lack of proper incentive, the disabled man thinks he can never work again. So long as he thinks this, he cannot. Moreover, as the eligibility requirements for benefits were liberalized, the program would come increasingly to encompass persons whose problem was more one of mental attitude than of physical incapacity. Disability benefits, even in modest amounts, can do far more to undermine human personalities than even the high-level benefits that Henry Wallace talks about. The destruction of incentives is greater, and more subtle.

Do you know that there is virtually no such thing as a person's being permanently unable to do anything of economic value because of his physical condition? Of course, it is possible to conjure up cases of extreme dismemberment which would belie this statement. Except for a minute fraction of cases, however, "permanent and total" disability means a back injury, rheumatism, arthritis, impaired vision or blindness, loss of hearing, a heart condition, or something of the sort, with a good deal of physical and mental ability remaining. Persons so afflicted, with wholesome attitudes, can do useful work, particularly if they are given special training to develop their remaining capacities. For them actually to work, it is of course necessary that a job fitted to their capacities be available. But if the handicapped person can be rehabilitated and re-employed, he is happier; and the community benefits from his productive output.

Let me say in passing that so-called "permanent and total disability" can be viewed as unemployment caused by the scarcity of jobs in which the individual's residual capacity for work can be utilized. The extent of future unemployment due to disability is just as hard to predict as future unemployment in general, which is one reason why no one knows what a disability insurance program would cost.

From what I have said it is obvious that the more progress we can make in developing a wholesome attitude in the disabled man, the better we can retrain him; and the further we can go in reorganizing industry and business so that effective use can be made of his services, the less likely it is that he will be faced with bleak employment possibilities.

Where do disability insurance benefits fit into this picture? There is an old saying that "pensioners never die." What is meant, I think, is that once a person has the safety, the security, the peace of mind, that come from an assured place on a government benefit roll, he becomes

increasingly loath to leave this haven. In particular, he becomes loath to face, as an alternative, the risks and strains of regular employment. Yet under social insurance, primary emphasis is necessarily upon the prompt, regular, and continuing payment of benefits. The worker's retirement for disability is insured, in the very words of the statute. No matter what provisions the law may contain for rehabilitation, the security of the benefits, as well as the thought that he is permanently "on the shelf," is soon underscored in the beneficiary's mind.

In a word, this security corrodes the handicapped person's incentives to resume an active role in the community. Hence, the disabled person should not be given too much security. If our aim is to encourage him to stand again on his feet, we should not make his bed too soft. Really, the kindest thing we can do is to leave something for him to strive for.

Yet, the handicapped person must have money to live on prior to his re-employment. Here, I think, is a proper field for the individualized techniques of public assistance. My thought is not that the amount of the payments should be lower than under social insurance. On the contrary, they should frequently be higher. The point is that assistance, at its best, is more flexible than insurance; through case-work it should be possible to adjust the payments to the physical and psychological needs of the recipient. I am sure that the certainty of social insurance benefits can be avoided in a manner greatly to the handicapped person's advantage, in a manner that will retain and restore his incentives.

We can be sure that the initial provisions of permanent and total disability insurance would repeatedly be liberalized. Costs would go up and up, unpredictably. The experience, in all likelihood, would be worse than that of the private companies, which at least had their unchanging contracts. The liberalizations would open the sluice gates for fraudulent and quasi-fraudulent claims. Claims by tired housewives, and others not genuinely in the labor market, would represent an insoluble problem. Uniform administration throughout the entire country would be virtually impossible to achieve.

But these problems, however serious they would prove to be, seem much less important to me than the effects on the individuals who would draw the benefits. Instead of helping handicapped persons carry on as useful citizens, we would be creating the very disabilities

that we were trying to insure against. If the proposals for permanent and total disability insurance could be considered in a vacuum—without regard to more far-reaching implications—I would oppose them. Apart from other considerations, it is simply a matter of avoiding an unsound overexpansion of social security.

More important than the arguments in a vacuum, the choice for or against permanent and total disability insurance represents a major fork in the road we have been traveling. Down the right fork we would continue to place primary reliance upon the free enterprise system to furnish American families with abundance, and upon voluntary savings and insurance to furnish most of the necessary economic security. Down this road social security would grow—to an extent—but we would adhere to the theory of social security as a means of providing a minimum floor of protection. Social security would not be permitted to expand to a point where it seriously interfered with the individual's incentives.

Down the left fork a different concept of government is found. By a chain reaction the system of social insurance benefits in cases of permanent and total disability would be expanded first to include benefits in cases of temporary sickness or injury. The requirement in the initial legislation that benefits would not start until six months after the onset of the disability would seem most anomalous; it could not stand up. "What are we to live on in the meantime?" claimants would ask.

Actually, the Federal planners already intend to move into the field of temporary disability insurance. The bill pending in Congress, H.R.2893, contains a complete set of provisions for temporary disability benefits. I feel certain that these provisions will be deleted from the bill, but the same results will be achieved later through the expansion of a permanent and total disability system, if such a system is once installed.

Down the left fork, it is increasingly noted that the broadened sickness and disability system merely provides cash benefits, partially to replace wage loss. Increasingly, people would think it anomalous not to take care of the heavier burden of doctors' and hospital bills with which the sick or injured person must cope. And so the chain reaction would continue on to compulsory medical care insurance—what some people call "socialized medicine."

That term has come to be something of an epithet, and perhaps should not be used. But whatever we call it, a socialization of medicine is involved. One way or another, the government would pay the doctor, the dentist, the nurse, the hospital—and innumerable typists, bookkeepers, and investigators as well. And, directly or indirectly, one way or another, the government would necessarily tell these people what to do. Meanwhile, the private practice of the health professions would be largely eliminated, as would be the tremendous voluntary health insurance industry. The private research laboratories, special sanatoria, and the like, now active in the health field, would increasingly be forced to take the government's orders.

In short, apart from the merits of the proposal, a compulsory health insurance law would represent a big step toward socialism in general. Indeed, there is even a quotation from Lenin to the effect that the enactment of such a system is the key step toward socialism.

Maybe you feel that I am trying to scare you—and not succeeding. Maybe you feel that a compulsory health insurance system would be highly desirable, and that if this leads to further socialization of our economy, then so be it. It is not my intention to try to scare you. I am trying merely to make the simple, factual statement that the addition of permanent and total disability benefits to the social security program would, in all likelihood, lead to a compulsory health insurance system, which will be a big step toward general socialization.

I have been watching Congress act—and fail to act—on the various proposals for social security legislation ever since the beginning of social security. In my best judgment, there is practically no chance that Congress will enact any bill now pending for compulsory health insurance. If we have compulsory health insurance in this country, it will come, I believe, only as a culminating step after there is a complete Federal program of cash sickness and disability benefits.

There is much evidence that the American people do not now want a compulsory health insurance law. But they might want such a law, I fear, once government checks to replace wages were available in cases of sickness and disability. The loss of incentives under compulsory health insurance would, I think, be tremendous. Good health is a priceless possession, but in very large measure, good health is a matter of good personal habits. Such habits are for the individual to develop

for himself, through his own personality and his own will power; the government cannot do this job for him.

I recall the old saying that the virtue of socialism is that it can achieve an equal distribution of misery, whereas the vice of the free enterprise system is that it results in an unequal distribution of abundance. But social security, properly developed, can put a floor of protection under such inequalities as result from the free enterprise system. With this safeguard, I can say that I think the American people will be much better off with the "vices" of the free enterprise system than they will be if they seek the "virtues" to be gained by encroaching upon it.

Social Insurance—Basic Protection against Permanent and Total Disability

By ALVIN M. DAVID

THERE IS NO LONGER any question that social insurance is a major factor in American social and economic security. Few social and economic programs in our history have found such immediate and encouraging response from the American people. In the brief years since its inception, Federal old age and survivors insurance has become more than a way to prevent dependency. By fostering thrift and sustained productive effort, it creates for the average man a feeling of independence as well as security. The program can come into full flower only if it is broadened and extended to provide basic security against all the major economic risks. Permanent and total disability is one of the risks which it is well suited to handle and for which it is ready.

The problem of disability is no theoretical one to the Bureau of Old Age and Survivors Insurance. Our experience in paying benefits to retired workers and their families, and to the families of deceased workers, has brought home to us the distressing problem of the disabled. We are face to face with it every day in our 477 field offices all over the country. Thousands of people come to these offices to inquire about their social insurance benefit rights. Many of these are workers or the dependents of workers who, though not yet sixty-five, have been forced to retire from the labor market because of incapacity. When they ask about benefits, we must tell them: If you have built up insured status, come back at sixty-five—until then you are not eligible for benefits. To those who are comparatively young, sixty-five is a long way off—and they cannot live on credit till then. Many of these workers leave our offices with a sense of bitter anger and frustration. Some of them turn reluctantly to public aid; others look to their relatives

for help; and still others, for a time, try to exist on rapidly dwindling resources. Prolonged disability without regular income is a fearful prospect to these workers. Most of them have been contributing for years to a social security system which was going to provide them as a matter of right with basic financial shelter on a "rainy day." It is hard for them to accept the fact that theirs is not the kind of rainy day for which the law provides.

It is through these cases that come to us for the help we cannot give, that the problem of prolonged and serious disability is brought most directly to our attention. We know, though, that we witness only a small percentage of the individual and family tragedies that result from disability. The story is much more familiar to the social work profession. You have the difficult and responsible job of seeking, among limited community resources, ways to sustain and rebuild the lives of many of these individuals and families. You too though, see only a few of the many individuals who are faced with the financial burdens and the disorganization of personal and family life that occur when disability strikes.

On any given day, between two and two and a half million men and women of working age will be found who have been disabled for six months or more. This is a conservative estimate based on data obtained through a number of surveys, beginning with the National Health Survey of 1935-36, and substantiated by other sources in the intervening years. The most recent evidence of the size of the problem comes from a survey of disability conducted by the Bureau of the Census in February, 1949, covering the civilian noninstitutional population, age fourteen to sixty-four. The figures derived from this latest survey, as yet unpublished, bear out prior estimates.

Public programs for dealing with income loss as a result of permanent and total disability extend to comparatively few; they are limited to certain veterans' programs, to workmen's compensation for work-connected disabilities, and to retirement systems for railroad and government employees. Private insurance does not add many more to the number of persons receiving protection against this income loss, although about sixty companies sell such policies on a limited basis. For most families, disability—especially permanent and total disability, with its long-term wage loss and heavy medical expenses—is a crushing burden. For those in the low- and moderate-income groups, where se-

curity depends on the day-to-day earnings of the breadwinner, disability can mean complete disaster.

Those who deal with social welfare problems created or intensified by disability know the devastating effect on the individual, the family, and society as a whole. Savings which have been accumulated are soon swept away. Property, even the family home, must often be sold. Farm families may have to give up the farm which was their home and their support. Sometimes older children leave school in order to support the family, and the burden they have assumed may prevent them from marrying and starting families of their own. If the children are already married, their contributions toward the care and support of a disabled parent or brother may seriously lower the standard of living for their own families.

Eventually, a great many of these families are forced to depend upon some form of public assistance. About 85,000 needy blind persons are now receiving aid; 1,200,000 children are on the aid to dependent children rolls, an estimated one third of them from families where one or both parents are incapacitated. From one quarter to one third of all general assistance cases throughout the country are caused by disability. These are conservative estimates and understate the true situation in states like Alabama where, according to the commissioner of public welfare, more than half of the public welfare cases are attributable to the disability of the breadwinner.

Most people can readily visualize the crisis which arises in a family after disability strikes the breadwinner. But there is another aspect of insecurity arising from disability which is often overlooked. We tend to forget that a large part of security is in feeling secure.

Commercial insurance does not provide an adequate device for budgeting to meet extended disability costs because private disability contracts are available only to very select risks and are too costly for those in the low- and moderate-income brackets. Although insurance is the principal form of savings in the United States and an estimated 76 percent of American families carry insurance, the protection purchased by the average worker is generally limited to life insurance contracts. Out of more than 185,000,000 life insurance contracts in force, 59 percent—over 109,000,000—are industrial life policies, aimed at the lowest income groups. These policies do not provide much basic security; but their very number constitutes impressive evi-

dence of a deep-felt need for insurance protection against the hazards of life.

The need for the social insurance method of protection against disability was recognized in the report of the Advisory Council on Social Security in 1938. But the 1938 Council did not recommend a disability program because its members could not agree on the proper timing for the introduction of such benefits. In 1948, however, the Advisory Council on Social Security to the Senate Committee on Finance recommended flatly that permanent and total disability protection be incorporated immediately into the social insurance system.

Making disability insurance a part of the established insurance system, as the Council recommended, is, I feel, the best way of meeting the problem of income loss as a result of disability. The alternative of a special public assistance program to be administered by the states would be more costly, less effective, and less desirable from the social viewpoint.

The disability insurance program recommended by the Social Security Administration would improve and extend the contributory social insurance system, thereby assuring basic protection to all insured workers and self-employed persons against the economic hazard of extended disability, as well as the hazards of old age and death. Such a program would provide a partial replacement of wage loss for those who become unable to engage in any gainful work because of medically demonstrable illness, injury, or other disability; monthly benefits would become payable after a waiting period of six months. Rehabilitation, financed by social insurance funds and undertaken through the established state-Federal system of vocational rehabilitation, would also be provided for those who could be returned to gainful employment. Medical examinations and other required medical services would be secured, to a large extent, on a fee or contract basis from private physicians and local clinics and hospitals.

The program would also rely on public assistance as a complementary program to provide special casework skills and services in social welfare. The insurance program would look to technical welfare personnel—just as it does today in old age and survivors insurance—for advice and assistance on welfare matters. It would balance its own staff with skilled professional workers in the welfare field in order to perform more adequately the new job of handling disability claims. In

these ways social insurance, rehabilitation agencies, the medical profession, and public and private welfare programs, concentrating their efforts in the areas most suited to each, would continue to work harmoniously together for attainment of the common objective—greater social security for all.

The alternative to the insurance program would create a new category of public assistance beneficiaries, either including those now under the program for aid to the blind or leaving that program separate and intact. In addition to cash assistance and welfare services for families reduced to destitution by reason of disability of the breadwinner, rehabilitation services as they now exist would be available and might be encouraged.

It seems to me that the proposed alternatives have only one essential difference: the insurance plan would afford protection, as a matter of right and related to the worker's earnings, to practically all permanently and totally disabled workers who were regular members of the labor force, whereas the public assistance plan would provide monthly payments for those who were eligible for assistance under the state's definition of need, in the amount available in the state or local area. The choice, then, is the same choice that faces us in the whole field of social security: social insurance or assistance.

Few in the social work profession would argue the point that the first objective of social security is to bring as many individuals as possible under the protection of social insurance and thereby reduce the need for assistance in the future. At the Congressional hearings, those who represented the social work profession through its various associations and those who were directly responsible for administering the public welfare programs in the states were among the strongest advocates for broad extension of the social insurance program. I do not, therefore, need to restate all the basic considerations involved in this issue. I shall only highlight those which I think most appropriate to the present discussion.

The fact of the disability itself is sufficiently depressing and demoralizing to the individual to whom it occurs; we would be unfeeling indeed to add to that burden the requirement that a disabled person be reduced to virtual destitution before he can receive benefits. It is occasionally argued that for those in the low-income groups the distinction between social insurance and assistance is very tenuous, that

the so-called "earned right" under the social insurance program is, in fact, no such thing at all. But there is a distinction, and a very valid distinction, between an earned right, regardless of the relationship between contributions and benefits, and a legal right which is derived from society's responsibility to the destitute.

Whether or not we agree on the technical distinction, to the recipient of benefits it is real enough. Under assistance he feels the threat of the annual or semiannual review, the ever present doubts about the amount of his benefits or his continued entitlement to them. Whatever the shortcomings of social insurance, it definitely does not include these fears and uncertainties from which assistance cannot escape. In the case of social insurance, the recipient expects benefits as a matter of right, because they were earned through productive work. His pride is not diminished when he asks for benefits, since he feels a sense of proprietorship in the system to which he has contributed. Millions of Americans see in social insurance the fulfillment of what could otherwise never have been possible for them; and they will work and contribute willingly and gladly for the tangible promise of real security in times of adversity. Social insurance can be and is becoming an interwoven part of their lives, around which they can build for the future. Assistance cannot fill this role.

From a social standpoint, premature retirement from the labor market because of permanent and total disability is little different from retirement because of age. Like unemployment and premature death, long-term disability cannot be predicted on an individual basis, but it is reasonably predictable in the aggregate. Like these other risks, it is insurable, and has been incorporated into the social insurance systems of nearly every industrial country in the world, often as the first risk to be covered.

And yet there are some who say it is not insurable, basing their assertion on the experience of private insurance companies. The brief and limited experience of private insurance companies with disability contracts written twenty and twenty-five years ago is generally presented as the kingpin in the case against the social insurance approach. Let us look into it for a moment.

Shortly after the first World War, permanent and total disability income provisions began to appear in a growing number of private life insurance contracts. They grew out of a liberalization of the usual

"waiver of premium" clause for disability. Few studies and surveys were available on the incidence of permanent and total disability, and only the most cursory attention was given to the implications of the new coverage; optimistic assumptions were made as to expected claims rates.

The sales-pulling power of disability provisions soon became more apparent, and "company competition in undue generosity" (as one company official put it) developed with almost reckless abandon. The Disability Committee report delivered at the American Life Convention in October, 1931, had the following to say:

It is a generally recognized fact that unscientific practices, resulting from lack of experience, have played a large part in bringing about the unfavorable results. . . . For several years practically all companies issued the disability benefit to all risks eligible under their rules for life insurance. . . . Until recently few companies have had adequate claim departments equipped to determine the validity of each disability claim and to eliminate the unjust claims. . . . The failure of many companies to place adequate limits upon the total disability coverage . . . has unquestioningly resulted in considerable over-insurance. . . . The lack of experience in handling disability claims and the unduly liberal practices of some companies in the settlement of claims have been factors in bringing about the unfavorable results.

By the time the companies overhauled their underwriting practices and tightened up their contracts, much damage had been done, and many companies have been adverse to disability insurance ever since.

Those who argue against disability insurance also say that a steady, assured income will destroy a disabled person's incentive to become rehabilitated. The experience of workmen's compensation agencies and of the various state rehabilitation agencies points to the contrary. Normally, persons want to earn a livelihood and maintain a higher standard of living than that which social insurance benefits would allow; they will do everything they can to return to gainful work. For those who are the exception, suitable safeguards are provided in the proposed disability insurance program to prevent malingering and encourage rehabilitation.

Under an assistance program the recipient's state of mind is often a handicap to rehabilitation. Most people who have been financially independent all their lives will go for a long time without asking for help, and when they finally do, it is for them an admission of defeat

and surrender. For such people, rehabilitation becomes as much a psychological task as a physical and vocational task. Disability insurance is calculated to conserve our human resources. With an assistance approach, geared only to rescuing those who have nowhere else to turn, the disabled who do not or will not come to public assistance would remain—as they are today—the forgotten men and women of the social security program.

The social insurance approach to the problem of disability is the most equitable approach. It is geared to the fundamental cause of the problem—the effect of disability on earning power. It presumes need for the replacement of lost earnings, and it makes no invidious distinction between those disabled who have actually demonstrated need and those who have not. To all it would apply the same tests of insured status and of disability which renders the individual incapable of performing any substantially gainful work. In determining benefits it would apply but one formula based on previous earnings and geared to income differentials; and it would take into account the added financial burden of dependents. It would handle the difficult problem of disability at its most critical moment—in the early stage following the occurrence of the disability. In other words, the social insurance program would not merely salvage a wreck; it would prevent the wreck which inevitably results from dependency.

Under Federal disability insurance, benefits would be contingent only upon the worker's record of earnings, not upon the vagaries of fluctuating and sometimes inadequate state funds. Rehabilitation services would, likewise, be available on equal terms to all who could profit from them. At present, rehabilitation facilities are often inadequate because of insufficient state or local resources; there is wide variation in the types and quantity of service available in the states. Federal social insurance, working closely with state programs to render the disabled employable again, could furnish new funds to improve and extend state services and facilities.

Some advance the argument that the Bureau of Old Age and Survivors Insurance is not capable of handling disability determinations. Admittedly, the medical and vocational determination of disability involves new elements not now present in the Bureau's claims processes. There is no reason to believe, however, that the necessary professional and technical skills cannot be acquired in a Federal program;

they are utilized today by a variety of agencies such as the Veterans Administration, the Railroad Retirement Board, and the Federal programs for workmen's compensation. Of course, public welfare agencies have more experience today in the casework approach to individual problems; yet they too would not be adequately equipped to handle this new job without training, augmentation of staff, and some development of new skills.

It has also been claimed that in a Federal program, with a large reserve fund, there is little incentive for sound and cautious administration; that a sprawling and wasteful bureaucracy would develop; that the incentive would be to pay questionable, borderline cases. The record of the administration of the old age and survivors insurance program, however, has convinced most impartial observers that a national program can be administered objectively and efficiently.

A national program is less vulnerable to various pressure groups than a state assistance program could be. We need only look at the liberal trend in the field of assistance which has developed in some states within the last few years to see where pressures have had their greatest effect. Furthermore, those who press hardest for a liberalized assistance program are not usually the ones who have to pay for it; but in a program where benefits are geared to contributions, pressures will be tempered by the knowledge that more liberal benefits may mean higher contributions.

There is another important reason why disability insurance should be part of an integrated social insurance program covering retirement, survivor, and disability benefits. Aside from distinct administrative advantages, an integrated program would serve to prevent loss of insured status and reduction in old age and death benefits arising from extended periods of disability. Since insured status and amount of benefits are determined by the time spent in covered employment, extended periods away from such employment may have the effect of lowering benefits or even extinguishing the right to benefits. Those who favor the assistance approach say that the various state agencies could keep the Bureau of Old Age and Survivors Insurance informed of disability cases, so that insurance rights would be preserved. Obviously, this would be a very cumbersome procedure, and uniformity of decision could never be assured. Not only that, it would be highly

inequitable if this preservation of insurance rights were given as a matter of routine only to persons on the assistance rolls.

Finally, we come to the argument that under an insurance program there will always be some classes of the permanently disabled not covered, such as casual workers and a few others. That is true. As long as the insurance program is geared to regular earnings, there will always be some persons who will not have been able to build up insurance protection. Because insurance benefits are intended only for meeting basic needs, there will also be some insured persons who will find their benefits inadequate to cover special medical or other requirements. For these two groups, a public assistance program—the second line of defense against destitution—will always be necessary as a supplementary program.

We are in agreement, I think, that income loss from permanent and total disability is a major national problem; that existing private and voluntary efforts nowhere meet the need for security against this risk; and that only through a public program can the problem be solved. What is the real issue at stake? It is not which of the two types of system can better handle the problems of those disabled individuals who have reached the point where they need public assistance. Nor is the question one of whether or not we should make available to the disabled adequate rehabilitation and casework services to help them adjust to and overcome disability. Under either type of program full use could be made of these services and of community resources; that is only a problem of mechanics. The real issue is: To whom shall this protection be extended, under what circumstances, and by what methods of financing?

I am firmly convinced that those who recommend public assistance as the solution to the problem of income maintenance during disability have based their case on a fundamental misunderstanding of the issues. Their first error is their assumption that assistance would meet on a broad front the need and desire for security of the American working population. In fact, as we have seen, the problem would be only partially met by the assistance approach and then only for those who have been reduced to the level of economic desperation.

Their second error—and this I believe is a grievous one—is that they recommend as a long-range solution for a major social problem,

a measure which has been acknowledged to be, in large part, a temporary expedient. The generally accepted goal for social security, to which even they subscribe, is to establish insurance as the first line of defense against insecurity and to place assistance in its proper perspective of a second-line and supplementary measure of defense. Yet they would make public assistance measures paramount as the solution to the major risk of income loss due to disability.

Finally, the proponents of the assistance approach make their third error in contending that the disability risk, because it differs in a number of respects from the other risks successfully covered by our present Federal insurance program, could not be satisfactorily administered by a social insurance system. This contention ignores the wide areas of experience both in this country and abroad where disability insurance programs are in successful operation. Moreover, it assumes that in such an insurance program the American people would adopt policies and methods of operation which fly in the face of experience and good sense. I am encouraged to think otherwise by the progress we have made under our own Federal social insurance system in little more than a decade of operation. I find further encouragement in the splendid record of American social welfare agencies, private and public, local as well as state and national, which I am convinced have the professional know-how on which we could draw for some of the added, special skills and services needed in a disability insurance program.

The problems of administering broader and improved social insurance can unquestionably be solved. It is only through such insurance that the vast majority of all the gainfully occupied in our nation can look forward to satisfactory protection against the economic hazards of death, old age, and disability.

The Integration of the Worker in Industry

By JEAN SPENCER FELTON, M.D.

GREAT HAS BEEN the concern of industrial management since the early passage of workmen's compensation legislation, in the simultaneous effectuation of profitable production and contented producers. The introduction of mechanisms and methodologies to make the working process a more stabilizing experience for the employee has seen the installation of the industrial health service—a service created originally through the desire to lower compensation costs in the event of occupational injury. Over the years, medicine in industry has metamorphosed from a simple finger-wrapping system to a complex preventive medicine service. The goal of the medical director in industry is the adjustment of every worker, in so far as it is capable of attainment, so that the worker can become a more economically solvent unit unto himself and his employer.

Health is recognized currently as a total state of well-being reflecting physical, mental, emotional, and social well-being. Socio-industrial concepts at one time laid emphasis on the manipulation of the working environment to effect the best possible resolution of difficulties lying within the worker that would spell diminished output. Machine tools were redesigned, walls were made colorful, souls were breathed into supervisors, and working time was shortened. Although these steps proved effective in part, the individual was seen as a statistic in the plant's production picture, unrelated to his home, his family, or his community.

In attempting to reach the total well-being of the employed person, the more sociologically minded physician in industry has envisioned him as a unit of society upon whom the welfare of his community-contributing family depends. Thus, the integration of the worker in industry has been a process conceived in understanding and dedicated to the proposition that a man in balance with his environment is so-

cially and industrially a healthier person. To maintain this state of health has been the assigned task of the industrial physician, and he executes his mission in diversified ways. Focalizing this concept, I shall discuss certain features of the program of industrial medicine as executed at the Oak Ridge National Laboratory, with special attention to those portions that aim at job adjustment of the worker.

The working group on a new assignment is seen as an assemblage of persons bringing to the worksite specific physical characteristics, skills, aptitudes, emotional patterns, and intellects, coupled with varying training and employment experiences. These men and women stem from different sources, and present varying ethnic, religious, geographical, educational, chronological, nationalistic, marital, occupational, and social backgrounds. Their ideologies, prejudices, and behaviors, if unrelated and ill adapted to the industrial cosmos, soon would render ineffective the organizational and orderly scheme of the productive effort. In the main, though, workers adjust and respond well to the challenge of a job. Those who misfit make their shortcomings known, and the effects on industry of their failings are seen in: chronic absenteeism; diminished physical output; sabotage of supervision; too heavy reliance upon supervision; withholding of constructive ideas; avoidance of challenging tasks; setting poor example for fellow workers; creating bad influence on fellow workers; increased turnover; increased number of rejects; impaired efficiency; increased number of injuries; too frequent rest periods; infectious "gripes"; increased number of dispensary visits. These are the undesirable factors in industrial human behavior that the physician attempts to understand through physical and psychodiagnosis, to ameliorate through therapy or counseling, and to prevent through the application of sound principles of interpersonal relations.

There was a time when no effort was made to assure either the applicant or the company that the former was fit to assume the position offered by the latter. The early days of the second World War witnessed the enlivening of interest in the utilization of the physically handicapped. This spotlighted bodily impairment and was psychically traumatizing to a valued group of employees. Through a rephrasing of concepts, stress was laid on the capacity of an individual to work, and the matching of physical capacities with the physical demands of a job evolved, which marked a developmental step in the full appre-

ciation of the employee as a psychobiological entity and not as a disassembled soma with outstanding disabling defects.

With the worker matched to the job, a greater job security results, not only for the applicant himself, but for society as a whole; for with this approach, nearly everyone who seeks work can be hired.¹ The fuller employment means less of a drain on the supporters of welfare agencies and institutions, and the family of the worker can be assured of remaining intact.

Every industrial establishment will encounter among its employees a certain percentage of individuals who relate poorly to, and operate ineffectively under, stress situations. To many whose early experiences represented a consistent pattern of everything illogical and damaging in child development, work itself—without deadlines, production schedules, or adverse environmental conditions—is a stress, and emotional rupture will take place. The ordinary strain of everyday work—the working with people, the working under someone's direction, the working on a fragmented job which offers no personal recognition or gratification—is sufficient to cause psychosomatic concomitants in the form of: headache; loss of appetite; peptic ulcer; gastrointestinal upset; loss of weight; insomnia; disturbance of vision; fainting; obesity; backache; stiffness; sensitivity to noise; constipation; fatigue; asthma (or hay fever, or eczema); palpitation of the heart.

If the body does not complain in such manner, pressures will make themselves felt in the form of: feeling of nervousness; jitters; shut-in feeling; indecision; fits of anger; sexual irregularities; fear of death; depression; inability to concentrate; irritability.

Impaired work relations are seen with the employee's not getting along with his supervisor; not getting along with other employees; not trusting the judgment of supervision; not trusting assistants. Or they may be a result of mismatching of jobs and skills; alleged favoritism on the job; infrequency of salary increments; insufficient definition of job components; insufficient definition of plant policies.

With the appearance of these outer manifestations of internal unrest, investigations must be made. Physicians and nurses of the Laboratory's health division are oriented constantly as to the variegated

¹ Exceptions, of course, are persons with active tuberculosis or other acute infectious diseases; progressive or uncontrolled orthopedic or endocrine conditions; senility, or psychotic states.

coloring that neurotic illness may assume, so that detecting the psychically ill patient among his many somatically stricken fellows during the daily sick call to the dispensary becomes a fascinating attempt at symptom segregation.

In addition to recognition of the maladjusted during examinations and treatments, certain psychodiagnostic tests are used at the time of the entrance physical appraisal; during group surveys; or with special personnel undergoing study, such as those suspected of radiation-exposure proneness or accident proneness. The employee himself frequently reports to the medical director with an early recognition of his difficulties, such as the engineer who stated, "Doctor, I want a heart-to-heart talk. I think my trouble is more in my mind than my body." When an understanding like this becomes manifest among the employees one knows that the mental health program is succeeding.

Supervisors are alert in the detection of changes in job performance. Attempts at understanding the difficulties are made by them, but when reasons for the change exceed comprehension, professional aid is sought. Infrequently, circumstances unusual to any other community present themselves in Oak Ridge. Since the city is established on a single activity, nuclear energy, groups intermingle considerably, and through attendance at civic meetings or social gatherings one has the opportunity to observe off-the-job behavior of plant personnel. Whereas complete adjustment at work might have been assumed, suspicions are aroused, for example, when at a Parent-Teacher Association meeting an employee is heard to say during the discussion that he believes every child should be frightened because he will undergo this later in life and he should be prepared. Conversational fragments such as these do not drop on sterile ground, for such an employee can and will be called in to ascertain the reasons for this approach to his child. This is not just curiosity on the part of the physician but an anticipatory step toward prevention of an emotional upheaval that might ensue when job relations become tense. This, we believe, is the acme in a constructive health program; for if one can anticipate, one will prevent.

These several sources of referral bring many employees to the health division, and decisions must be made as to the counseling action to be taken. As industry builds safeguards into its machines and equipment, and as it trains its employees to do a job well, and safely,

it also can retrain or reorient an individual so that the time-losing, income-stopping, emotional accidents and injuries will not take place.

The workers seem to be divided into two groups: those who can be aided by counseling; and those for whom palliative measures solely will be offered. The former group include persons with average, or higher, intelligence; a positive relationship either to achievement or to one person; neurotic traits; or those to whom neurotic symptoms have become inconvenient.

Many workers cannot undergo counseling efforts because of such prohibiting characteristics as low intelligence; grossly disturbed mental functioning; deep depression; advanced age; frank psychosis; psychotic personality; chronic alcoholism; systematized convulsions; minimum affective relationship to people; advantage of recovery obscure to patient. Those so categorized are studied diagnostically, but aid in problem resolution is limited to sedatives, pep talks, reassurance, and environmental manipulations.

The more intelligent, the more potentially productive employees are counseled in an effort to raise their worth both to themselves and to their employer. The goal is insight into the etiological factors responsible for the aberrant behavior, which in turn leads to more effective living. As in any preventive medicine program or any industrial safety program, periodic recheck and meetings are carried on, so in the counseling program the individual worker is called back at intervals to determine the effectiveness of the preventive measures or the degree of maintenance of the reorientation in thinking.

A redesign of living patterns may not seem to be so necessary in assembly line plants; but in a laboratory devoted to the seeking out of new truths, where explorations into uncharted areas may at any time alter human destiny, where the materialization of the dreams of the alchemists of yore is a commonplace event, and where "a new method of statement" may be the sole culmination of years of fundamental research, emotional stability becomes a *sine qua non*. Job adjustment must be attained, for not only are the work exposures unusual and completely demanding of constant detailed precautions, but maximum effectiveness of so rare a technically specialized employee group as the physical scientists is deemed essential in these precarious days. In comparable manner, those craftsmen and technicians who fabricate and operate the physical facilities of the research process must be

maintained in a state of well-being, for an unmet shop schedule can retard scientific investigation in the same fashion that offensive combat activity during war is a factor in home-front production.

These efforts in redirecting the personal methods of meeting life situations are provocative of a second set of results in that they lead to a more stabilized home life. Infrequently, the wife or husband of an employee will realize the advantages of such guidance and seek assistance through community agencies. Concomitant with this is the realization of the molding effects of parental approaches and attitudes on children, and thus a neurosis-free second generation may result from the far-reaching effects of prophylactic mental hygiene.

The maximum in effectiveness is not reached in a worker whose skills far exceed the demands made upon them by the job either endogenously or exogenously. One encounters individuals who because of insufficient finances were unable to continue their education and had to earn a living relatively early in life, yet have the intellectual capacity to warrant additional training. Likewise, trained personnel who graduated during the depression were forced to seek employment in fields unrelated to their educational backgrounds or skills. This has resulted in certain situational stresses where further advancement has not been possible because specific academic requirements would have to be met prior to uprating, or where by virtue of being out of their chosen specialty so long, a return would not be possible.

It has long been customary in the health division of the Laboratory to attempt appraisal of a worker's capacities. Frequently this is done during routine dispensary visits, and discoveries of personnel who are working beneath their skill levels may be laid to such minor points as noting that their perception and diction surpass the usual shop talk of the craftsman who more truly typifies the group. Frustrations are uncovered, old ambitions are unearthed, and stories of thwarted hopes come to light.

With such persons, intelligence tests are given, vocational aptitude and interest testing is accomplished, and attempts are made to determine the employee's present occupational desires. If a return to school under the G.I. Bill is desired, all necessary encouragement and guidance are given, and the worker is referred to the appropriate agencies for assistance. In some instances, additional courses in an adult education program are indicated which, when completed, will allow grant-

ing of the academic degree. Employees have inquired about improving reading speed, and testing has been carried out and corrective courses taken in conjunction with community agencies.

Many of the plant personnel for whom additional activities seem desirable and further academic training is not feasible, are encouraged to participate in community affairs. Oak Ridge, being a new settlement, needs new talents in many areas, and Laboratory employees are encouraged to seek membership in town organizations—on boards of voluntary health or welfare agencies; in art, music, or drama groups; in church affairs; or in intramural athletics. In many cases this method is followed as an active therapeutic device in specific problems.

Of the exogenous causes for low-skill usability one sees conflicts on the job arise out of circumstances inherent in the employment itself. The individual who is given work sufficient for six hours of concentration rather than eight, yet would relish the challenge of completing a ten-hours task in the allotted eight, develops fatigue. There are workers who are considerably experienced in a specific field and work best with a minimum of supervision, but with constant, annoying over-seeing they slacken their efforts because of resentment toward the foreman. Their presenting picture in the dispensary may be either an acute anxiety state or physical concomitants of their disturbance such as abdominal pain, palpitation, or headache. Also one encounters the ardent creative worker who, after installing a system of procedures, record keeping, or any new operational method, becomes bored when the system settles down to routine execution. She needs new fields to conquer, and the job which was challenging no longer has the allure.

All these situations demand environmental change to maintain good morale, a continuance of employee productivity, and the desire to work *with* the company. The health division exerts every effort to detect malpositioning, and once discovered, energies are directed toward acquainting supervision with the harmful effects of these pressures so that job changes can be carried out. The life of a plant is maintained and nurtured by a constant upward mobility of its people. Stasis in personnel policies, atrophy of a promotion system, and non-functioning of worth-recognition bespeak a moribund industry. Vitality and spark in the employed group result from progressive shifts, from increases, from any measure aimed at skill utilization.

That the worker with a physical impairment carries on his job as

well as, if not better than, his physically perfect fellow employee has been demonstrated.² It has been shown by repeated studies that the continued use of rigid physical standards for employment is fallacious. Industry must realign its philosophy so as to consider disabled persons valuable, productive, and safe employees whose contribution to industry is fully equal to that of their more physically fit fellows. The Laboratory has employed many handicapped men and women whose limitations include amputations, epilepsy, hypertension, healed tuberculosis, syphilis, cardiac or renal disease, and peptic ulcer. They are happy in their work, not being singled out as different, but being utilized for their capacity to contribute.

Immediate hiring of such persons is not always possible, for the position for which application is made may be demanding beyond their present capacities. In such instances, arrangements are made to have the job held, and through referral to the Office of Vocational Rehabilitation, appropriate medical, surgical, or psychiatric care is secured. Protruded intervertebral disks have been removed to allow heavy-duty craftsmen to work without fear of breakdown through aggravation of the defect. Machinists who have hernias, yet must lift on their jobs, undergo surgical repair and enter upon work which previously was not commensurate with their disability.

When job elevation is not possible because of a physical limitation, surgical care, a hearing aid, psychotherapy, or special medical procedures are procured, and the employee can thenceforth move to higher levels of responsibility. This program, executed through close cooperation between a community agency and an industrial health service, has been a completely gratifying one, for it encompasses an area wherein one truly can help a fellow man.

No industrial medical program can function to its fullest by remaining aloof from agencies in the community that can aid immeasurably in solving critical employee problems. Oak Ridge sees an odd unity of purpose in its being. This unity has allowed a unique inter-agency relationship which can be born and can grow only in a city with a single school system, a single welfare section, and a single operator of the atomic energy plants. The cross-assistance rendered by workers in the agencies and by the personnel of the health division spells a new

² Jean Spencer Felton, "Job Performance of Physically Impaired Persons in Industry," *Occupational Medicine*, V (May, 1948), 466; in addition, see references cited therein.

concept in the interplay of skilled effort expended on the social part of the wage earner. Through a knowledge of agency functions, the medical director and his staff know where they can turn for intelligent guidance. Close contacts are maintained with the Family Service Bureau, Alcoholics Anonymous, the guidance department of the schools, the department of health, the clergy, the Society for Crippled Children and Adults, the American Red Cross, the Tuberculosis, Cancer, and Heart Associations. Differing in philosophy from the multi-agency scheme, one nevertheless uses all the available facilities that will allow resolution of a worker's conflict and permit not only his early return to work, but a good job performance after return.

This close coöperation is mandatory, for each can benefit. For example, when a worker is discovered whose neurotic illness is severe, the guidance department of the school system is approached in order to determine whether any effects of this disturbance are reflected onto the child or his learning or behavior pattern. Likewise, if a child is showing an aberrant picture at school, and the family cannot be reached, or has failed to discuss the situation with the teachers, the parent-employee will be called in and counseled in order to effect a better parent-child relationship. We believe that these workings together are of vital importance, for they lead not only to the creation of a more effective worker, but also of a better citizen with greater contributing worth to the community.

It would be amiss not to mention the family as an agency with which the health division works. Health education media are directed to the families by way of the health column in the plant newspaper, and pamphlets are sent home via the employee. Family solidarity, brought about by continuing health and constant integration of activities of child and parent, is necessary to retain industrial progress. This takes the form of another meaningful approach, but with the same goal in view—the security of the worker—societal adhesion and industrial advancement can proceed concurrently.

At one time or another 5 to 10 percent of the Laboratory's employees have been Negroes, many coming from small Tennessee towns adjacent to the Oak Ridge area, others from the deeper South. It was believed that were these individuals to have representation on the health division staff a close liaison might result which in turn would lead to better health behavior in this minority group. In keeping with

this premise, an outstandingly capable Negro nurse was added to the division with the prime task of learning to know the colored employees and providing them with the best possible health guidance.

Our nurse soon won the respect of the group, and in various skilled ways she has obtained the loyalty and faith of the colored workers. She began active work only after a complete indoctrination in the functions of the community agencies, which also allowed the agencies' staffs to know her and her plans for the health organization of this particular employed segment. Most satisfying has been the local observance of National Negro Health Week, which for the first year consisted of a Laboratory-wide program, and during the second year's planning, encompassed the community, the services being extended into the city through coöperation with the welfare and health installations of Oak Ridge. The program aimed at instilling within the Negro an awareness of health and health measures.

This annual observance has been highly provocative of good results. The value of physical examinations, personal hygiene, continuing antiluetic therapy, early reporting of injuries, and optimal dietary regimens has been demonstrated, absorbed, and put to practical use. The health of a low economic group can be improved, and one need not resign oneself to the fallacious conclusion that "you can't do anything about it." These employees have become more valuable workers through our increased attention to their health, community, social, and emotional problems. As in all things good, realization spread the word, and of Miss Scott's clientele, 75 to 80 percent are now white workers. Even in this medical frame of reference in the Southeast a new concept—a colored industrial nurse working with a white staff—can be born, live, and be nurtured into profitable fruition without the highly charged emotionalism of the banner-waving outlanders who wish to reconstruct the social scene with the proverbial single swoop. The dispensary building has but two rest rooms—one for the men and one for the women—and during daily sick call or semiannual chest surveys a heart-warming, fused group is seen in all the health facilities and not the more noticeable sharpness of distinct black-and-white segregation.

An industrial health service that fails to search its soul periodically soon will settle into a comfortable rut of inactivity and lethargy. Prac-

tices and procedures of five years ago might be outmoded now. As industry changes, as markets appear or vanish, industrial health methodologies must be altered to parallel the moving sociological times. Accurate statistical appraisals of the work accomplished must be carried out, not only to substantiate the program, but to establish a concrete basis for management's backing of the medical effort.

In keeping with this, studies of the job performance of physically impaired persons have been carried out, in addition to studies of the employed veteran. Critical statistical reviews have been completed in connection with personality appraisal procedures, electrocardiographic surveys, and the findings on physical examination. Of interest is a current study on vacations: Are they being utilized to the fullest? Do they accomplish the complete respite from routine in the manner that they were intended? How does a large plant population spend its two weeks away from the job? To us these data are of intense interest, for they validate our beliefs that the physically handicapped are workers to be hired; that the ex-serviceman is merely another civilian doing a good job; and that the fetish of physical perfection should be shelved in favor of employability as the mark of the worth of a man. With these investigations and others to come we can learn how to build the worker into industry so that he can grow, develop, and make his contribution to society a lasting one.

In the paraphrased thinking of Donald Faulkner³ perhaps we who work with people can be like the educators who today are,

. . . the stewards of the jeopardized remnants of what promised to be, until Hiroshima, a glorious civilization. This era of Science and Industry was glorious at least for certain white men in certain countries, and in certain places of security within these countries. We have learned that security and plenty and tolerance are either of a world-wide fabric or are mere camouflage. There can be no security, or plenty, or freedom for one color, one creed, one race of men, at the expense of other men. That we know today.

Our task is to recognize the fragmentation of our human relations program in industry and accomplish as much as possible, as speedily as possible, toward building a new operation in humanics, with new methods, integrated around the responsibility of the individual to his fellow men—the brotherhood of men in one world. We have so little time.

³ Donald Faulkner, "Why Integration?" in *Issues in Integration; first National Workshop of the Foundation for Integrated Education, University of New Hampshire, August 16-20, 1948* (New York: The Foundation, 1948), p. 10.

Industrial health is community health, and integrating the worker into his job leads to improved community well-being through the building of security in the worker in his home, himself, his family, and his future. Only then, with the introduction and wide recognition of constructive mental health, will we see the one world wherein peoples and nations attain understanding.

Management Views Welfare Plans

By JOHN W. WHITTLESEY

ONE OF THE SYMPTOMS of the times, industrially speaking, has been the crystallization of a trend toward collectively bargained welfare plans. More and more programs of this character are appearing in union contract demands, and it may safely be said that in many of the big negotiations in 1949 they and not the issue of wage increases are the crux of the situation.

Two years ago, employees at Ford Motor Company were given a choice between a wage increase of fifteen cents an hour and a combination increase and pension plan. The union members overwhelmingly voted to accept the wage increase.

This year, the United Auto Workers' major goal at Ford has widely been reported to be a welfare plan which will serve as a pattern for the entire industry. A wage increase demand has, it is true, been thrown in, but the emphasis in this year's talks has been stated by the U.A.W. president, Walter Ruether, to be the acquisition of an employer-financed pension plan. No question as to membership acceptance of that goal has been raised, nor is it likely to be even though a wage increase of any size is to be forgotten in the process.

Unions are sensitive to cyclical economic fluctuations in our competitive enterprise economy. In good times, they seek to advance the economic well-being of their members by getting for them what they deem an appropriate slice of the pie. They watch for signs of rising business activity and seek not only to keep their members' wage levels rising accordingly, but to go beyond that and improve the employees' share. Conversely, in times of readjustment or disinflation, the broad, major goal of the labor movement is to retain the gains made previously and also to provide what measure of security can be attained. The emphasis shifts, essentially, from progress to holding the line.

It is, therefore, no accident that the unions have been adding social security programs, both private and governmental, to their list of aims. The 1948 conventions of both the Congress of Industrial Organ-

izations and the American Federation of Labor outlined in detail, in convention resolutions, how the Federal social security laws should be strengthened to provide against the vicissitudes of cyclical fluctuations. In addition, the C.I.O. has formulated a broad program of private social security aims to be attained through bargaining with employers. I must say that they practice what they preach; the C.I.O. has recently adopted a pension plan for C.I.O. staff members which is simple and workable and attuned not only to the needs of the employees but also to C.I.O. income.

These programs represent an effort on the part of the unions to insure that the risks inherent in the business cycle affect adversely as few of their constituents as possible. The impetus to the adoption of these programs came from a growing realization that our economic situation would soon make it necessary to effectuate them. In other words, it was anticipated that we would, sooner or later, in the postwar period, run into the readjustment we are currently experiencing, and that security would become of primary importance. Consequently, the flurry of welfare plan demands in the 1949 negotiations comes as no real surprise. It was anticipated in 1948.

Welfare plans fall into several categories. On the one hand are pension plans; on the other is group insurance of various kinds—hospitalization, medical, sickness and accident, life insurance, and others. There are guaranteed wage plans or employment stabilization programs of various kinds. There are plans, such as those of the American Federation of Musicians, for unemployment compensation. Some authorities would include in this category profit-sharing and bonus plans, which are actually a form of building up individual employee resources. There is a growing tendency toward the "package" type of plan which covers, in one agreement, a whole series of benefit programs. These plans may also be segregated according to method of financing, either contributory or employer-financed. They all have one thing in common: they are meant to provide employee security against certain contingencies which would entail heavy financial strain.

The growth and spread of welfare plans cannot entirely be ascribed to union efforts. Many employers have taken the initiative in developing plans of this character, and, in fact, employer interest antedates that of the unions. Prior to the 1940s, unions, as a general rule,

were exceedingly chary of including welfare plans in their collective bargaining aims. They were equally allergic to employer-sponsored plans, primarily because it was felt that they tended to wean employee loyalties from the union.

But in the middle 1930s, spurred by the passage of the Wagner and the Social Security Acts, unions gradually began to develop an interest in collective bargaining programs of a long-range nature. The Wagner Act provided an impetus to union growth that has never been stopped. The Social Security Act turned the minds of union leaders toward the question of what could be accomplished in that field, and many unions and employers began to consider how such a governmental program could be supplemented through private channels. Gradually, as unions began to free themselves from organizational problems, they began to realize that there were powerful inducements possible in welfare plans. The traditional objectives of collective bargaining—higher wages, better working conditions, and other matters—began to appear in true perspective as actually short-range goals which were to be revised from year to year, depending on the situation at the time the contract arose for negotiations. In order to get and keep members, however, long-range programs are necessary, and there began to develop gradually the notion that unions should seek increased security for the individual employee.

Basically, of course, such a course was inevitable. A union is concerned primarily with security, as compared with a business organization, which is a risk-taking enterprise. It is a fundamental characteristic of union objectives to protect members from risks inherent in the business cycle, regardless of what happens to the business organization that employs them. Originally, this protection was sought in mutual aid benefit plans, and many unions were founded for that express purpose. Of recent years, the tendency has been for the union to seek strength from sources outside its own membership; this is a particular characteristic of the mass-production industry unions, as opposed to the traditional craft type. It is no accident that the C.I.O. has emphasized welfare plans far more than the A.F. of L. It is no accident that the C.I.O. sees in them an organizing weapon far superior to the closed shop.

Such factors are fundamental. Of more immediate importance as explanation of the recent trend toward collectively bargained welfare

plans are, for example, wartime wage ceilings, and the recent decisions by the courts and the National Labor Relations Board that an employer must, under the Taft-Hartley Act, bargain with a union on request over a welfare plan even though such plan was originally established by the employer acting unilaterally. Both of these factors have had a tremendous influence in this question of welfare plans and in their recent growth as a matter of collective bargaining.

Within these broad categories, health and welfare plans follow no real pattern. Even under collective bargaining, benefits, administration, financing, eligibility criteria, etc., differ widely. This, of course, is equally true of plans which are sponsored solely by the employer. The latest figures on welfare plans show that over three million workers in more than a hundred different internationals have been brought under plans reached as a result of collective bargaining. This figure, incidentally, is double that of 1947, which in turn was double that of 1945. No estimates are available on the number of new plans that have been added as a result of the 1949 round of contract negotiations, but the emphasis laid on it in the unions' thinking makes practically certain a substantial increase. Moreover, many of America's biggest companies, those who tend to set the pattern for bargaining agreements, are being subjected to such demands. Ford is a primary target. General Motors is obligated to discuss welfare plans at some future date. United States Steel has been working with the union on a group insurance program. And the results of the Supreme Court refusal to hear the Inland Steel case make it certain that, regardless of what new labor law eventually comes out of Congress—if one does—employers cannot refuse to talk about welfare and social security matters with the union on request. That, of course, will in many instances mean compliance with union demands.

I think, therefore, that employers are bound to take a close look at this whole matter. Whether they like it or not, the problem of collectively bargained welfare funds is with them, and I think it behooves them to look at such things realistically. I also think that, equally, it behooves the union to do so too. I do not believe that employers as a group oppose welfare plans as such. There are too many of them who have taken the initiative in sponsoring welfare plans. The Bureau of Internal Revenue has estimated that they had approved, as of August 15, 1946, some 6,862 pension plans covering 3,300,000 em-

employees. The number must be substantially larger today. A Bureau of Labor Statistics survey of 15,636 manufacturers in 1945-46 disclosed that 47 percent had insurance or pension plans in effect. Many employers are genuinely concerned about the welfare of their employees and have not hesitated to make provision for them, or, for that matter, to pay the entire cost themselves. It must be remembered that the Inland Steel case, key to the NLRB rulings on bargaining over welfare plans, came up not because of employer refusal to install a plan, but because of management's desire to keep control of a plan that it had put into effect sometime previously.

I think that the attitude of employers has not been fully understood. We cannot necessarily twist an employer's refusal to install a welfare plan at union instance into opposition to welfare matters as such, although candor compels me to say that there are still many employers who do not believe in such things. Opposition to the Inland Steel decision does not mean opposition to welfare matters, but fear of the implications that that decision will have in regard to management's ability to manage. Nor do employers rush to place their blessing on such things as the C.I.O. blueprint for social security, not because they oppose either social security or the C.I.O., but because they dislike the idea of vast, nationwide blueprints which fail to take local situations into account.

Employers are rather more apt to look on welfare plans as presenting problems that must be solved on a reasonable basis. I think that there can be little quarrel with that attitude and I personally feel that employers should be more and more concerned with such matters. Parenthetically, I think it a just statement that increasing social consciousness on the part of American employers will contribute more than any other single factor to the preservation of our free, competitive enterprise system. The so-called "leftist" governments of Europe have turned in that direction partly because European employers failed to measure up to their responsibilities. One of the reasons why employers in this country constitute an influential group is because they are increasingly conscious of their social and community and human relations responsibilities and are striving to show that better things can be accomplished under our present system than could possibly be done through the stultifying hand of government.

Be that as it may, many employers continue to believe that pension

plans and such matters ought to be outside the scope of compulsory collective bargaining. I emphasize "compulsory" because that word is the crux of the matter. This feeling could be more accurately described as one which says that welfare matters should be subject to collective bargaining at employer choice. That, of course, is not the law, but merely a statement of desirability.

The reasons for such feelings are not hard to find. Take, for example, the statement in a recent study by the Bureau of Labor Statistics:

Plans administered by the union or jointly by the union and the employer usually require that participants be union members in good standing. If the benefit program is handled by an insurance company, the coverage usually is not restricted to union members.

While such a situation appears entirely natural, many employers fear that these limitations on welfare plan eligibility will be a powerful organizing device. It is no secret, of course, that employers are allergic, by and large, to the closed shop and to its blood brother the closed union. The adoption of a welfare plan limited to union members is likely to have much the same effect. It is no accident, in my opinion, that the most important coal strike of the two in 1948 was over activation of the coal fund, not the refusal of the so-called "captive" mines to grant John L. Lewis a union shop. With Lewis's plan limited to union members—and this has been approved by none other than his old friend Judge Goldsborough—he really does not need a closed shop. Who would, for example, want to stay out of the union and turn down a \$100-a-month pension at the age of sixty?

The use of welfare plans as a union organizing device or as a substitute for the closed shop will certainly tend to militate against the establishment of sound, workable programs. A benefit program that is part and parcel of a membership drive usually means one that is studded with liberality—with concessions from the employer, that is. Again, however, the liberality of an employer's concession is no necessary criterion of a sound workable plan, and, moreover, the company's responsibility extends to all employees, not merely union members.

Other complicating factors arise. Many employers have to deal with several unions. It is obviously difficult for an employer to establish a series of plans, each covering a different bargaining unit, each dealing with welfare matters in a different way. Such a situation would be a

hopeless administrative morass, and unduly expensive at that. Thus, an employer is almost bound to insist that a uniform plan be established for all units and administered as such. If there is, however, inter-union competition in the plant, such a rapprochement becomes difficult, if not impossible, and the net result is that no plan will be established; or, if several plans are set up, unrealistic results will threaten the whole program.

Yet the establishment of a welfare plan by an employer ought to contribute much toward improved employer-employee relationships. Therefore, any welfare plan that an employer considers should be looked at in this light. Therefore, employers who are genuinely concerned about the welfare of their employees must and ought to insist that only a sound, workable plan which—and I cannot stress this too much—is tailored to fit the requirements of the individual company is to be established. A plan that is hastily contrived, that ignores actuarial soundness, that proves to be too heavy a burden for the company, is likely to fail. In that case, either it has to be abandoned, a step hardly conducive to good industrial relations, or it has to be rescued by the employer as an alternative to a sudden rise in the blood pressure of his employees.

Union pressure for unrealistic concessions that take no account of an employer's business and competitive position is likely to result in just that. Union pressure for the establishment of a plan "at once" on its terms simply ignores the fact that welfare plans are highly complex matters which cannot be set up overnight, which must be approved by the Federal tax authorities, integrated with the social security laws, and carefully examined for actuarial flaws. A welfare plan cannot be written into a collective bargaining contract in an inflexible fashion, else changed conditions may make it impossible to continue the program. It cannot be subject to renegotiation every time the contract comes up for renewal, but must be recognized as a matter of long-range policy. It ought not to be subject to the grievance procedure if it is carried by an insurance company; for decisions in that process bind the company and the union, but not the insurance company—a rather unfortunate position to be in.

These considerations serve to explain why management does not rush out and adopt a union welfare program. They do not mean that management opposes welfare plans, but that it wants to proceed cau-

tiously and carefully, in order to make sure that a program once established will not backfire. It wants to make sure that whatever plan is adopted can stand the tests of time and that it will not have to be abandoned at the very time employees need it most, or saved with cold cash at a time when the company needs that most. It wants to make sure that such a plan does not merely conform to a hard-and-fast blueprint set for the entire industry but that it takes account of individual company capacity. And, certainly, the experience of the coal operators with the U.M.W. plan, now rapidly growing bankrupt because these things were not taken into account but brushed aside or ignored, lends considerable weight to the wisdom of this type of caution.

My grandfather was a New Englander. One of his slogans was this entire matter. None of us can realize our aspirations overnight. "Make haste slowly." Such an adjuration is particularly applicable to No easy way confronts us in the solution of any of these problems. Magic formulas are no real substitute for slow and careful—and permanent—progress.

One point is too often forgotten in these discussions. The fundamental success of any collective bargaining relationship does not so much depend on the subjects of the collective bargain as on the effort that is placed into the bargaining process, the sincere desire to make it work. Essentially, collective bargaining is not carried on between two institutions—the union and the management—but between two sets of people with, generally, much the same set of aspirations and aims, although with different ideas of how they should be carried out. The bargaining is the process by which both parties reconcile their varying viewpoints. Successful collective bargaining depends on how well the parties have managed to develop a mature way of reconciliation, of living together, if you will.

These considerations apply to welfare funds with particular force. It is not at all far fetched to say that the success of any collectively bargained welfare program depends on whether the underlying relationship of the bargainers is fundamentally good or fundamentally bad. A basic feature of any really workable, successful welfare plan, I am confident, will be a harmonious relationship between employer and employee. Without that, a plan is, if not foredoomed to failure, certainly going to be a contributing factor, not a mitigating one, in the

continued cat-and-dog relationship of the parties. And this means that reasonableness on both sides has been foresworn in favor of a corrosive battle in which neither side really wins in the end.

One final word on the broad political considerations in this field.

It is not to be expected that union efforts will be confined to the procurement of private benefit programs. Since the Supreme Court has so broadly extended the scope of the commerce clause of the Constitution, it has permitted Federal regulation to penetrate far more deeply into business than ever before. This has been a decided boon to the unions in that it has greatly facilitated political action on their part. It is much easier for them to concentrate their legislative efforts on one national Congress than on forty-eight state groups. The problems formerly involved in securing forty-eight uniform state laws in order to achieve a national program have been solved by replacing a state-by-state with a national approach. The unions, their paths thus smoothed, have gradually turned away from their traditional hands-off attitude in the political arena.

They have developed national programs which they are constantly striving to effectuate, in their own presumed self-interest; here their social security aims are most important. In general, the unions call for a broadening of social security coverage to encompass virtually all employees in the country, for new types of benefits, and for increased benefits. Together with the union drive to attain greater benefits from private employers, these demands foreshadow a future development in labor thinking which will seek to tie in such private programs directly with Federal social security laws.

How this will be accomplished, of course, is still a matter of speculation. Possibly the theory will be developed that every employer should be made to adopt certain stipulated benefit plans, to be financed, in so far as possible, by employer contributions. Possibly additional national security programs will be called for, with joint employer-employee contributions. Possibly some other device will be worked out.

Of interest here are the conclusions reached by J. W. Myers, manager of the Insurance and Social Security Department of Standard Oil Company of New Jersey. Mr. Myers finds that, although governmental social security systems have both employer and employee support abroad, "a number of dangerous trends have developed which fore-

bode future difficulties. Particularly foreboding are the tendencies towards excessive benefits, unwise termination indemnities, and the 'freezing out' of voluntary, supplemental employer programs."¹ He also points out that, very often, state legislation has converted a voluntary program into a system of vested employee rights, thus penalizing the employers who have dealt liberally with their employees, and discouraging voluntary programs.

Such possibilities contain many seeds of thought. But the lack of a clearly defined program in this country should not blind us to the probability that such action is on the way. Proposals for compulsory health insurance indicate the general trend. So also do the recommendations made in the Latimer report of January, 1947, on the guaranteed annual wage. There, the conclusion was reached that:

A close relationship between guaranteed wages and unemployment insurance is highly desirable. . . . Coördination . . . could best be accomplished by simply authorizing compensation payments to workers with a guarantee [of annual wages] whenever they would otherwise be eligible for unemployment compensation benefits. Thus, in a period where the guaranteeing employer had no productive work available, the employees could receive unemployment benefits . . . and the balance of the guaranteed amount by supplementation from the employer.²

This conclusion is a clear guidepost along the road which union leaders seek to travel. That it will result in more intensive socialization of our economy does not concern them to any great extent because they are searching for security regardless of source. The long-range effects on our flexible, free-enterprise system are purely secondary, in their minds, to apparent short-term advantages—a factor which in some instances motivates their quest for government-sponsored welfare programs.

In all likelihood, the burden of these programs could not be carried in a period of hard times. Programs that look so easy in prosperous years could well become virtually impossible burdens in a depression,—the very time when the programs are supposed to insulate the beneficiaries from the effects of poor business conditions. Many private

¹ J. W. Myers, "Recent Contacts with Social Security Abroad," *American Economic Security*, V, No. 5 (June-July, 1948), 8.

² *Guaranteed Wages; Report to the President by the Advisory Board, Office of War Mobilization and Reconversion and Office of Temporary Controls*; Murray Latimer, Research Director (Washington, D.C., 1947), p. 16.

programs will be apt to fail along with the sponsoring company itself. Pressure will increase, in direct ratio, for the government to step in and maintain the program. The end result is likely to be full government sponsorship of private welfare programs—reached through the back door.

These possibilities should give us pause. It may be that they can be counteracted by an expansion of private programs. But such an expansion might merely accentuate such a trend. In any case, the possibility of the eventual government underwriting of private plans must be taken into account.

Supplementary Security Programs in Unions

By HARRY BECKER

LABOR-MANAGEMENT CONTRACTS negotiated in 1948 doubled the number of workers covered by some type of health, welfare, or retirement benefit plans under collective bargaining agreements. Today there are over three million workers—five times the number of 1945—more secure because their union leadership, responding to the mandate of the workers, has successfully negotiated supplementary security benefits as a part of the collective bargaining contract. The number of workers protected by security benefits won through collective bargaining will probably reach six or seven million workers and their families by the end of 1949 because this year, as never before, labor generally, through all America, is placing first on its collective bargaining agenda retirement income benefits, hospital and medical care plans, benefits to replace income lost through sickness and accident, and related types of health and welfare items.

The spontaneous and rapid growth of supplementary security programs under labor-management agreements reflects their strength and their validity for management as well as for labor. The courts have supported this position by ruling that employee benefits are a proper subject for collective bargaining. Unquestionable evidence of the constructive character of this union-promoted social and economic movement is the serious and positive expression of interest demonstrated by management groups and the general public alike. These programs have a particular significance to social workers because of their intimate knowledge of the anxieties and tensions, and consequent physical and mental ill health, resulting from economic insecurity.

Workers' security programs are not new. Management and labor have been concerned with the problems of insecurity for a long time. As early as 1867 the Brotherhood of Locomotive Engineers established a death and accident benefit plan. Commercial insurance carriers

would not underwrite the risk of death or accident for railroad men, and the union was forced to fill this need. From that date forward, employee benefit plans of one sort or another have been established by unions, by management, and by unions and management jointly. The first plans were concerned, for the most part, with death benefits. The most recent type of benefit to be provided has been hospitalization and medical care.

Unions are moving into collective bargaining sessions in 1949 with workers' security programs a major issue because the worker is concerned for the well-being and social and economic security of himself and his family. Wages and working conditions are well-established aspects of this concern. Retirement income benefits, income maintenance during periods of disability, how to pay doctors' and hospital bills, financial support after retirement, and how wives and children will live if the wage earner dies are of equal concern to workers. The worker is aware that he cannot realize social and economic security unless the problems of insecurity inherent in our present-day industrial economy are realistically studied and there is action by labor unions to solve them.

The problem of insecurity has grown with the expansion of industrialization until today personal insecurity is a major threat to our democratic society and is becoming ever more serious. Few workers acting alone can make adequate provision for the common hazards of life. They do not know when they will be sick, when they may be laid off from work nor for how long, when they may have an accident, when they will be forced to retire or how long their old age will be, nor when they will die. Few workers make enough money to permit them to care for their families and also save for that inevitable time when illness will strike or they are forced to retire. Even those who do without much of the goods and services which make up the American standard of living may have their financial resources exhausted by one illness, one period of unemployment, or one accident.

The problem of how to provide protection against the insecurities of unemployment, sickness, old age, and death—to which we are all exposed—is unlike the problem of buying food, clothing, and shelter. The worker knows in advance about how much the weekly cost of groceries will be for his family. He can price food at the local market and decide where he will save and when he will spend. He can exer-

cise self-determination in selecting the price he will pay for a suit of clothes, or for a house, or a car. However, he cannot decide whether or not he will have an illness, or how much it will cost, nor how long it will last. He would like never to be unable to work for reasons of incapacity or old age, but he knows that he may sometime be unable to work for these reasons. These are all things he worries about a great deal.

All workers want to look forward to an old age that is not fear-ridden because of economic insecurity, but large numbers of workers in our modern industrial society cannot even decide when they will retire because superannuation is unpredictable for the individual worker. The war is over, and management is again beginning to consider that workers are old long before they are unable to do a good day's work.

Jobs can be abundant, as they were during the war and postwar period, with a resulting high level of employment, and wages can be reasonably sufficient for family living standards consistent with our American standard of production, and yet there can be fear of economic insecurity in the hearts of working people. Full employment and high standards do not in themselves provide security. A healthy society and a socially mature society has not been realized until we have taken the steps which are needed to remove the fear of the economic consequences of the unpredictable insecurities. A free and democratic society must find a satisfactory manner for giving assurance of security to the people of which it is composed.

Until the enactment of the Federal Social Security Act society approached the problem of insecurity caused by sickness, old age, death, and the other social and economic hazards by the provision of public poor relief. Historically, public relief supplemented private charity; more recently, we have considered that private charity supplements public relief. The principle of social insurance supplemented with public relief is a recent concept of public policy in the United States. Social insurance has been the most recently accepted answer to the problem.

With the advent of a public social security system we had hoped to move away from the concept of poor relief and all that it implies. However noble our intentions in establishing the principle of social security and income maintenance programs for the aged, the wives

and children of workers who die prematurely, and for the unemployed, the fact remains that today public poor relief is still, by and large, the basic program which workers must fall back upon in the event of need for income maintenance benefits. Public poor relief as the basic program for security is rejected by labor as inconsistent with the principles of a democratic society.

Workers are demanding of their union leadership that a way be found, consistent with the principles of a free and democratic society, to assure protection from the common hazards of life. We must recognize that this action on the workers' part reflects their maturity and social responsibility. Poor relief, necessary though it may be to fill gaps in security programs, treats the symptom and not the problem itself, which is fear of insecurity. Poor relief, itself, is the opposite of security.

It is within our grasp to remove in our lifetime the fear of the need for public relief. The means test is as obsolete in a democratic society as the use of the woodpile to discourage applications for public relief. The means test programs are sound only as a stopgap and a temporary expedient until more socially acceptable methods can be developed for meeting the income maintenance needs of our people. Means test programs are not moving our economy toward full production and are not assuring uniform protection of higher standards of living.

Social workers, better than most groups in our population, understand the desire of workers to substitute for charity programs income maintenance benefits and service programs as a matter of right. They know from experience what happens to the personality of the head of the family when he cannot buy the medical care that he, or his wife and children, may need. They have seen the anxiety and destruction of morale and health when a worker has to apply for public relief because he lost his earnings because he is unable to work. Social workers have seen the disintegration in family life when a worker has to sacrifice his home and his savings because of a costly illness or because an early retirement is forced upon him.

The tradition of the economic independence of the individual, like many of our traditions, persists even though the social and economic organization of our society has changed. The public relief program concept is geared to tradition and not to present-day facts of life. The huge sums of money now expended in establishing eligibility for re-

lief for millions of our citizens—eligibility which fluctuates many times on something as slight as whether the applicant has a few tomato plants in the back yard—is economic waste and must be faced as such. The humiliation of the individual in submitting to the detailed scrutiny of his resources in kind as well as cash, involving as it does the most intimate relationships in his life—what his children, or his parents, his brothers and sisters, and even his friends, can and will do for him—is belittling to the dignity and worth of the human being.

Many social workers have confused the need for income maintenance benefits and medical care programs with the need for casework services. Too often we have assumed that need for income maintenance benefits is synonymous with personal inadequacy or personality failure. Persons unable to maintain earnings because of a social catastrophe and seeking a substitute for wages are not necessarily in need of casework services. Casework should be universally available to all people who need it. If a particular worker is unable to support his family because of physical or emotional illness, he should be given the medical and social treatment he needs in an appropriate agency. The public assistance office is not this agency. As we move into establishment of universal income maintenance and medical care programs social workers can take their rightful place in our scheme of social services.

Many employers have recognized that workers need more security than is available through public relief, through the present social insurance programs, or than workers can provide independently from their current earnings. It is out of this recognition that commercial group insurance has evolved.

It is clear that both employers and insurance companies accept the fact that workers are unable individually to meet the cost of an adequate and comprehensive program of protection. In order to finance private insurance through the pay-roll deduction method it has been necessary to keep the premium payments low. As a result, the benefits currently available are insufficient. Hospital and medical protection is still, for all practical purposes, nonexistent for most of the workers in America. Income maintenance benefits during periods of disability generally are hardly enough to meet the cost of groceries for the average worker's family.

Workers recognize, together with their employers and the insurance companies, that security against the common hazards of sickness, old age, and death cannot be adequately financed through pay-roll deductions. This is an additional reason why labor in 1949 is taking the problem of workers' security to the collective bargaining table.

Acceptance by management of workers' security programs established through collective bargaining is recognition that workers have a right to security. It means that management recognizes that its workers cannot buy this security out of current earnings. It means also that management accepts the fact that in our modern society the need for security does not reflect deficiencies within individuals, but is a common, universal need which must be met through methods appropriate to the economic realities of our time.

Management has long accepted the principle of security benefits for its executive personnel through establishment of retirement income programs and continuation of salaries during periods of disability. More recently it has made provision for hospital and medical care programs. The workers on the assembly line and in the shops are no less a concern and responsibility of management than the higher paid executive personnel.

Management has long made adequate provision for the repair and retirement of its equipment and machines as a cost of doing business. Tax laws recognize these depreciation expenses. The cost of worker "repair and replacement" is also a legitimate cost of doing business. Under employee benefit programs developed through collective bargaining, management may allocate funds in a planned and organized manner to meet the cost of worker repair and replacement. Through collective bargaining the workers themselves sit down with management and jointly develop an employee benefit plan designed to meet the needs of the workers and their families for protection when they are sick or too old to work. It is through this kind of joint planning that medical and hospital programs can be geared to the immediate needs of the people for whom the benefits are intended.

The argument is sometimes advanced that security for the worker will mean loss of personal initiative. Not infrequently it is said that a nation can only remain strong if its people have a measure of insecurity to motivate them to produce. Great value has been placed on the

idea of rugged individualism, and there have been many complaints that the desire of labor for security means that the worker wants something for nothing.

The idea that security is something for nothing and that it results in a loss of personal initiative is a myth! Likewise, the idea of rugged individualism, when examined analytically, is also a myth. There is no virtue in struggle for its own sake. We know that anxiety and fear may destroy initiative and motivation. The continued existence of our society depends upon security within the individual. In examining our social philosophy for truth, we must accept as our primary premise that society exists for the sake of the people of which it is composed.

It is easy to say that we cannot afford security or that programs established through collective bargaining mean increased costs of production, fewer sales, and fewer jobs. Here again we must be responsible in our statements and careful in our judgments. When workers act through collective bargaining to put the question of security programs in the same category with other conditions and increments of employment their action is not only socially sound but it is good economics. Employer-financed benefit plans maintain purchasing power for the workers of America on a higher level than would otherwise be possible. This means more production and more jobs. If the worker who is too old to work can retire with a benefit which will assure him a decent standard of living, he is not only able to buy the goods and services which he needs, but there are more jobs for younger workers. If the worker who cannot buy the medical care he and his family needs can have that care through programs established under collective bargaining, it means that he is a healthier, happier individual; even more, it means that we have used our resources of man power and facilities for the common good. If families, while the wage earner is sick, can continue to buy the things they need, it means more is consumed, and this means more jobs. Security programs are a means of sustaining our economy.

Is there a danger that when unions ask for workers' security programs on their collective bargaining agenda they will impede the much needed improvement and expansion of our Federal social security system? Unions are committed to public programs for old age retirement benefits, for permanent and temporary disability benefits,

national health insurance, and increasing the amount of survivors' benefits. Labor does not want to slow down the progressive development of our public social insurance system.

We know that the solution to the problem of security for all the people, wherever they may live and whatever their occupation, belongs to government. It is like our need for education of our children, our need for pure water supplies, police and fire protection, and care of the mentally ill—needs which we as individuals cannot meet but which can be met by collective effort through use of our government. It is only through government that we can tax all the people equitably for the support of universally needed public programs.

The fact that unions are moving into collective bargaining to obtain social security and hospital and medical care programs does not mean a relaxation of labor's efforts to secure public programs. Unions are making a two-way drive for social security: through government and through collective bargaining. Gains will be made in 1949 in governmental programs and through collective bargaining, but the sad fact is that the most optimistic expectations for governmental social security programs are not encouraging when considered in relation to the existing needs. In many respects, workers have less security today under present government programs than they had a decade ago. Living costs have doubled since the Federal social insurance programs was established, and the benefits established initially are even more meager today.

Our hope of ten years ago that the Federal old age insurance system would mean a reduction in the number of persons on public relief for reason of old age have proved to be false. Health insurance and medical care programs for comprehensive service of high quality are somewhat closer but no more a reality than at the time of the first National Health Conference a decade ago. Survivors' insurance was intended to give the wife and children of the worker who dies prematurely sufficient security to meet their basic needs, but we can only look at the present benefit with considerable disillusionment.

Five states now have laws which establish temporary disability benefits. From labor's point of view these laws are not unmixed blessings. Our experience with state programs as an alternative to a Federal system has not been encouraging. The establishment of state temporary disability insurance programs may actually delay the en-

actment of a universal Federal system. We have the pattern of forty-eight different state unemployment insurance programs and we know that the forces which oppose a Federal system of unemployment insurance are, by and large, forces unsympathetic to an adequate program. The painfully slow growth of workmen's compensation programs is further testimony of the patchwork of adequate provisions that develop when we accept that state-by-state approach rather than the Federal approach to a national problem.

Action at the collective bargaining table and support of governmental programs are complementary to each other—action on two sectors of the same front.

Government programs represent a floor of security for all people. They represent minimums below which no person need fall. The basic minimums guaranteed by government will need supplementation for many years to come.

The workers' security plans are intended to provide supplementary benefits more nearly to approximate the needs of workers in our industrial and high-cost-of-living areas. Programs under collective bargaining are adapted to meet the needs of particular groups of workers and to provide the flexibility not possible under government programs designed to establish over-all minimums. This flexibility makes it possible for demonstration and pilot plans which provide the experience for expansion and extension of much needed Federal programs. This is particularly true in the field of medical care where government experience is still very limited. There is no conflict between the programs that labor is seeking from the Congress and those being obtained through collective bargaining.

Labor has been aware of the attacks made on proposals for expansion of the Federal social security system. We are cognizant of the sources from which these attacks come and the political influence that such groups have been able to exercise. Labor has been watching with concern the attack on the public relief programs, particularly in our large industrial cities. These attacks appear to come from taxpayers wanting to prosecute for graft and chiseling. The effect of these sporadic investigations of public relief is further to humiliate persons who must fall back on this source of income maintenance benefits, and to cause a tightening up of administrative policies to create new barriers for the persons who must apply for assistance.

It is not surprising that labor in 1949 is taking to the collective bargaining table the problem of workers' security. In this way the workers who need protection can use their most effective economic tool in obtaining recognition of their problem and the need for funds to meet it. Some of the same groups that have opposed the development of public programs and have inspired attempts to reduce the effectiveness of existing tax-supported programs will be facing labor across the table in the coming negotiations. This is as it should be, because the workers' problem is real and can be solved only by the joint coöperation of labor and management. This is the way we do things in free America.

Specifically, what does labor want from management in 1949? The answer to this question can be stated quite simply:

1. Labor wants employer-financed workers' security programs that will provide retirement income, hospital and medical care services, income during periods of disability, rehabilitation services, and related death benefits.
2. Labor wants equal voice with management in planning the programs for its members and in the administration of the funds.

The first chapter has been written on workers' supplementary security programs through collective bargaining. More chapters are to come. The story as it unfolds is going to be an exciting one, and stormy in spots. But the road we are traveling leads directly to recognition of the needs and rights of people to a basic security in order that man may not feel himself alone facing an indifferent, a hostile, and an overpowering world.

Decent Housing for All

By BLEECKER MARQUETTE

IN THE WEALTHIEST DEMOCRACY in all the world, can we accept a lesser goal than the entitlement of all our people to homes fit for living?

At the National Public Housing Conference held in Washington, D.C., in May of 1949, a distinguished member of Congress warned: "Unless we get started on our way toward a dynamic housing program in this country, other industrial democracies will be slumless while decayed residential areas continue to blight our land." The prediction is not far-fetched. Our progress has been painfully slow and sporadic compared with that of some other countries. In 1935 England had a comprehensive national housing program through which local communities were committed, not only to the clearance of slums and the decent housing of slum dwellers, but to an increase in the supply of acceptable homes so that overcrowding would be a thing of the past. Had this socially minded little country not become engulfed in a devastating war, she would surely have reached her goal within a reasonable period. Holland and the Scandinavian countries, too, have moved much more consistently than we have toward solving housing problems.

America can be slumless. America must become slumless. The most un-American thing about America is our slums. No greater challenge faces our democracy than demonstrating that it can produce a way of life that means comfort and health and a reasonable degree of security for our people. Our nation is committed to the proposition that private enterprise must perform all the services it can, consistent with the preservation and advancement of the public welfare. An essential ingredient of private enterprise is, and must be, making a profit. But there are some few services that cannot be provided satisfactorily at a profit. They must be furnished, nevertheless. Among these are public health and hospital care, the provision of postal service, assurance of water supplies, schooling for our children, and housing for those

whose low earning power would otherwise condemn them to slums. It is the responsibility of government to see to it that these services are made available.

Social workers should be the principal advocates of better housing in the nation, in the states, and in the local communities. Why? Because an intelligent approach to social service means working unitedly to eradicate, so far as possible, factors that produce the problems with which we deal. These factors are many and diverse—ignorance, disease, physical handicaps, mental maladjustment, unemployment, inadequate security against the hazards of life, lack of wholesome recreation facilities, slum homes and slum neighborhoods.

A good home in a good environment is not necessarily the most important ingredient for a happy and successful life, but it is an important one which many of us take for granted. Social workers should be leaders in the movement for better housing in every community in the country. They understand the problem and they have much to contribute toward its solution. But their voices are often silent or speak too softly.

Let us consider housing in relation to some of the principal divisions of the National Conference of Social Work.

Section I is devoted to social casework. In one city with a population of 500,000, some 20,000 families live in one- or two-room tenement flats, insufferably hot in summer and uncomfortably cold in winter, without private toilet, with no hot water, and with no bathing facilities. Families of four, five, and sometimes more have to call these miserable quarters home. How can a mother in such circumstances be expected to be a good companion to her husband and to live up to our ideals of motherhood? What incentive is there for a father to stay home with his family rather than pass his evenings in the corner saloon? Do not such tenements act as an expulsive force, driving children out of the home and into the gang life of the street? It is strong proof of the toughness of the human fiber that so many families stay together and manage somehow to get along despite this destructive force. When severe tensions arise, as they often must in crowded homes, are we not expecting a great deal when we ask even the most capable caseworker to do a constructive job if the family has to continue living in such a miserable setting?

Another Section deals with child care. Affectionate and understand-

ing parents and some sense of security are vital to wholesome child development. But parents cannot easily give this feeling of security when they are trapped in a dingy, two-room flat where there are no modern sanitary conveniences, no privacy, no beauty, no repose. The typical slum neighborhood of tenements, junk yards, factories, and cheap dance halls jumbled together is scarcely the right setting for child upbringing. Nor does the threat of eviction, all too common in these days of housing shortage, help a youngster's peace of mind.

Those of us who attend the sessions on delinquency know how persistent is the evidence that children who live in sordid shacks and mean streets are more likely to stray from the straight and narrow path. There are always other, and perhaps even more vital, factors, to be sure, but a miserable environment is no help toward controlling antisocial behavior.

Our task of making life decent for the aged, who are constantly increasing in numbers, is not made easier by the lack of suitable dwellings for them. Unfortunately, the National Housing bill of 1949 makes no provision for special accommodations for the aged because the pressing needs of young families have to come first. But this does not relieve us of the responsibility of insuring that our future plans provide for the oldsters.

Let any one in Section 8—that on health—who thinks that life can be made safe and healthful for those living in a wretched environment read the testimony given by United States Surgeon General Leonard Scheele at the Senate committee hearings February 11, 1949, on the National Housing Act. These two excerpts are of more than a little interest:

State and local health officers, the country over, realize that a large segment of their operating budgets must be expended in slum areas for elementary services which are a far cry from the positive health-building programs they would like to provide. The slum indeed is the stone of Sisyphus which the health officer tries in vain to push up the hill of health progress. Funds which should be devoted to expanded services for mothers and children, to better nutrition, dental and mental health and the early detection of chronic diseases must be diverted to combating outbreaks of preventable disease and to maintaining in the slums even the rudiments of decent sanitation.

We have long since learned that environmental factors must be dealt with in the prevention of disease and in the promotion of health, including

mental health and happiness. Certainly, no environment is more important than that of the home. Healthful housing, therefore—like adequate hospital facilities and community sanitation—is one of the essential means of raising human health to the highest achievable levels.

Eminent health authorities believe that the effect of bad housing on mental health and good emotional adjustment is perhaps even more devastating than its effect on physical health. In his testimony, Dr. Scheele said on this point:

Among 60,000 selectees examined in eastern Massachusetts, the total incidence of major mental disorders was more than twice as high in slum areas (16.6 per cent) as in the best suburban residential areas (7.3 per cent). Mental deficiency and psychopathic personality likewise were proportionately much higher in the slums.

Dr. William Menninger, one of America's most distinguished psychiatrists, and Dr. Arnold Gesell, outstanding leader in the field of child psychology, testify in the strongest terms to the dangerous effect of overcrowding on mental health.

If we accept the goal of decent housing for all groups of the population, what do we have to do to get it and how can social workers help?

The problem will be solved only at the local level with Federal and state aid, and it will not be solved without intelligent city and regional planning. Nor will the necessary remedies be applied until citizens are educated to understand that cities are for people and to insist that cities be planned and developed for people.

It is the responsibility of social workers to know the essentials of good planning and good housing and how they can be achieved. We have been talking city planning for half a century, but few of our cities today have comprehensive, up-to-date plans for their metropolitan areas. Is yours one of the few that does, or don't you know? Since about 75 percent of the average city land is occupied by residences, it follows that a city plan has a good deal to do with sound residential development. It designates areas that are suitable for dwellings. It gears the neighborhood street system with the community's major highways. It indicates the transportation needed to facilitate getting residents to their places of work. It encourages neighborhood development and indicates where schools and churches and parks and playgrounds and shopping centers ought to be. It points a warning finger at residential sections that are showing signs of blight and need "face-

lifting" treatment and designates decayed areas that have to be wiped out and rebuilt according to plan. (This latter is what planners call urban redevelopment.) Through zoning it protects new neighborhoods by preventing congestion of buildings on the land and by keeping commercial and residential buildings in their proper places.

It is easy to see that wise programming for housing improvement starts with a good metropolitan plan. Perhaps next comes the matter of preventing new potential slums. In addition to the city planning aids to this end, a modern building code compelling all new buildings to meet the requirements of safe and sound construction is essential. Such a code should not be so restrictive as to prevent the use of new proved materials or methods of construction, and it should not promote monopolies. The modern trend is toward what we call "performance" codes. In other words, instead of specifying every detail as to kinds and thickness of materials, methods of construction, and so forth, it accepts materials and methods which meet accepted tests. Is the building code in your community modern, or was it adopted thirty years ago—or don't you know?

The community should have a housing code which requires existing dwellings to be maintained in safe, sanitary, and healthful condition and specifies what has to be done to provide a minimum of light and air, sanitary conveniences, fire protection, and sufficient room space to avoid overcrowding. It should set forth the responsibilities of tenants as well as of owners and should give community authorities the power to vacate unfit structures. The housing code is not much good unless it is enforced impartially, uniformly, and intelligently. Is your community one which measures up to this criterion? If so, it is one of the few that do.

Let it be said also that planning, zoning, and housing regulations are just as important for unincorporated areas of our counties as they are for cities. The chances are about twenty-five to one that the unincorporated areas of your community do not have this protection. If they do not, then new slums may be growing up unnoticed. Regulations of this type are indispensable, but they will not solve the housing problem. They cannot make congested, eighty-year-old tenements and worn-out shacks into good homes, and they build no houses. The National Association of Real Estate Boards has published propaganda extolling the "Baltimore Plan" as the solution of the housing prob-

lem. Well, it is not the solution, and the Baltimore Health Department does not claim that it is. Baltimore is doing a fine job of housing enforcement, but that is no substitute for urban redevelopment or public housing.

It is estimated that there are five or six million dwelling units in urban communities that are so old and dilapidated and substandard that they should be demolished. In this year of our Lord, 1949, how does it happen that several million American families are still living in slums? It happens for the very simple reason that, with rare exceptions, they cannot afford to live anywhere else. In most Northern communities, no new housing designed to rent for \$15 to \$35 or \$40 a month and meeting decent standards has been built in a decade. Nothing is being added to the supply of low-rent housing. On the other hand, through normal process of wear and tear and through demolitions to make way for business and industry, the supply of low-rent quarters is constantly decreasing. The decayed areas of cities will not be torn down and rebuilt, and disadvantaged families will not be taken out of slums and rehoused decently, until the cities of the country can secure Federal subsidies such as would be provided under the terms of the proposed National Housing Act. Only then can they undertake a comprehensive program to provide enough public housing to take care of families who cannot be decently housed at a profit. Urban redevelopment by private enterprise will not go forward except as it can be integrated with a program of public housing that will accommodate the families of low income thus displaced. If the National Housing bill, overwhelmingly approved by the Senate, fails in the House the slums will get a new lease on life. Note that well.

Bad housing is not limited to cities. Proportionately, there is even more of it in rural areas. The National Housing bill would give us for the first time a carefully thought-out rural housing program, and that is just as important as the urban features of the bill.

Under this bill there will be no public housing except in the local communities that ask for it, and it will be the responsibility of the local housing authorities to design, build, and operate the projects. Whether or not the job is done with efficiency and intelligence and vision will rest with local communities. It is for them to see to it that these new projects are so constructed and designed as to be durable monuments and so operated as to command the respect of the public. Public hous-

ing is intended only for those who cannot afford the economic cost of decent homes, and the Federal bill provides that there must be a gap of 20 percent between the highest rents in public housing and the lowest rents in adequate private housing in the community. It is our job to see that it serves this purpose.

Do you live in a city? What steps is your community taking to get rid of its decayed core through urban redevelopment? What plans are there for public housing? Do you live in a rural area? Do you know what can be done under the pending Housing Act of 1949 and whether any plans are being made in your area to take advantage of its provisions?

The passage of the National Housing bill will, if it becomes a fact, be a milestone in the history of social advance in America. Even if the bill should fail at this session of Congress, it is sure to be passed sooner or later. The aroused conscience of the nation assures that. Members of the Senate and of the House of Representatives of both parties have courageously and competently led this battle. They and the President of the United States can be counted upon to continue it until the fight is won.

And then there is that middle group—particularly the lower sector of the middle group—people who in Northern cities can pay from \$40 to \$65 a month for their housing. Have homes been provided for them in your community in the past seven or eight years? No matter where you live, the answer is almost certainly "No." Perhaps even more important is how much has been done for those of modest means who must rent and not buy. Both incomes and building costs are lower in the South than in the North, but their problems are none the less acute. The home building industry in this country is not well organized. This has been convincingly shown in articles that have appeared during the past two or three years in conservative publications such as the *Wall Street Journal* and *Fortune*. The industry did not heed the warning of housing specialists that unless something drastic was done there would be a repetition of the events that followed World War I: too much would be built at high cost, practically nothing for rent, and the industry would price itself out of the market.

That is precisely what has happened. In many Northern cities since the war practically no homes priced at less than \$10,000 or renting for less than \$100 a month have been built. Building for middle-income

people is a job that private industry must do. It is a job that should not be undertaken by public housing. Yet it is presently a no man's land. Millions of families have incomes too high to be eligible for public housing and too low to afford acceptable commercial housing. The National Housing bill of 1949 contains a research section aimed at helping private builders to reduce costs. This is good, but it is not enough. Congress seems ready to enact legislation which will stimulate moderate-priced housing by coöperatives and by limited-dividend corporations through direct government loans at low rates of interest and with long periods of amortization. Something of the sort must be done. Middle-income families are the backbone of the nation; their needs for decent homes must no longer be neglected.

At last America seems to be on its way toward the provision of decent homes in decent neighborhoods for families of any economic status. The road is long and full of pitfalls. How well the program will succeed and how rapidly it will go forward rests with our citizens. It is a special responsibility of the social workers of America. They cannot do it all. But they can help with the basic task of educating the public, starting with their own boards. They can take civic leaders on tours of the slums. They can speak out about the destructive effects of tenement living. Americans, with few exceptions, are kindly and understanding people. The only reason why slums continue is because so few of us know at first hand how the other quarter live in our own home town.

The Function of Social Group Work Agencies in a Democracy

By NATHAN E. COHEN

IT WOULD BE SO EASY to say that the function of the social group work agency is to prepare citizens for democracy; then define democracy and social group work in the usual terms—and there you have it. The one drawback, of course, is that it is both dangerous and misleading to think of “business as usual” since the survival of the human race is being threatened as it never has been in its entire history. Man has used his genius to develop weapons of destruction such as atomic and biological warfare which could destroy the human race. Whether or not man will survive depends on man himself; not on his genius for creating additional weapons but rather for creating a new era of human relations. It is within this “new look” that the social group work agency must evaluate its function.

In time of crisis immediate goals are often more imperative than long-range ones. The social group work agency has always thought of itself as a laboratory for democratic living with emphasis on the preparation of tomorrow's citizen. But we must have also a real concern for working with the citizen of today if tomorrow is to become a certainty. The two goals are interrelated; for in dealing successfully with the problems confronting us we are developing the method through which tomorrow's citizen can best be prepared for continuing and forwarding our civilization.

Since the problem seems to be one of human relations might we not well sit back smugly and say that the social group work method has always had this as its main objective? Have we not always thought of democracy as an ethical concept which encompasses the totality of human relations; and have we not always regarded the democratic philosophy as our guiding purpose? The answer, of course, is “yes,” but we must differentiate between social group work as a method, and a

process which can be utilized in a variety of settings, and the settings which are referred to as social group work agencies.

It is too easy to assume that agencies which are designated as social group work agencies are directed and guided by individuals, both lay and professional, who are deeply concerned with the democratic philosophy and are free to advance it. It is also naïve to assume that the so-designated agencies operate in a vacuum and can proceed with the fulfillment of the social group work method and process regardless of the larger social climate. As stated by Kurt Lewin,

The educational processes, even within a small educational unit like the family depend to a high degree on the spirit of the larger social body in which the persons are living. Any change in the political, economic, or social structure of this larger group, like the nation, deeply affects not only the organization of education but its whole spirit and technique as well.¹

It is not, therefore, the methods and philosophy of social group work which I am exploring but rather the settings in which social group work is practiced. We seem to be drifting toward the rationalization that the purpose and function of the agency and its policies are not important so long as the agency employs an individual trained in a school of social work. At times, we seem to be saying that the social group work method can be carried out even in an undemocratic environment. I would take seriously the observation of Kurt Lewin and rephrase it to say that the political, economic, or social structure of the agency deeply affects the whole spirit and technique of education. If social group work is more than a set of techniques and if it derives its methods from democratic goals, then the settings in which the social group work method is employed must fulfill the principles of democracy. It is our concern for protecting this goal that represents the immediate challenge to which I have already referred. Our failure to strive to check the impact of the present political, economic, and social climate on the total agency climate can mean, eventually, the undermining of the use of the social group work method in achieving our long-range goals. In fact, it can result in undermining our social group work theory; for as John Dewey has shown, "psychological theories are profoundly affected by the political and social climate prevailing in any given time and place."

What are the democratic principles which might serve as a yard-

¹ Kurt Lewin, *Resolving Social Conflicts* (New York: Harper, 1948), p. 3.

stick in evaluating the function of the social group work agency in a democracy? Dr. Bryn J. Hovde stated them as follows:

Democracy is an intense and personal conviction expressing itself in respect for the individual personality regardless of economic status, race, religion, or sex. Democracy involves recognition of the equal rights of every group and every people simply because they consist of human beings and "all men are created free and equal." Democracy also involves the acceptance of social organization and social action, not as an alternative way of life, but as one of the basic facts of life without which human society could not exist. Under democracy the State exists to protect the individual and promote his welfare under all the freedom that is compatible with the equal freedom of all.²

In this same paper Dr. Hovde also outlines the ideal composition of the group through which the individual can best be trained for democracy. Such a group would contain representatives of various economic and social conditions, of various nationalities, and of various religions and races.

Let us examine trends in what are commonly called social group work agencies and evaluate them in terms of these principles. There is evidence of a growing trend toward a greater degree of sectarianism in the private social group work agencies. It raises the question as to whether the development of our society is in the direction of a "triple melting pot" theory with the three great religions serving as the dividing lines. It is interesting to note that at the same time the agencies are emphasizing their fulfillment of their religious purposes, they are continuing to point out that participation is open to all inhabitants in the community. There is a contradiction in this procedure, however, in that it tends to make an individual of a religion other than that represented by the agency a sort of second-rate citizen. Part of the difficulty stems from our attempt to interpret two of the democratic principles as opposites, namely, the right of the individual regardless of race, creed, or color, and the equal rights of every group. If we are to move forward in the democratic way of life we must find a way to see these two principles as interrelated rather than in conflict with one another.

Perhaps what we need is a rethinking of the philosophy of cultural

² Bryn J. Hovde, "The Group as an Instrument in Training for Democracy," *Proceedings of the National Conference of Social Work* (New York: Columbia University Press, 1948), p. 432.

pluralism. Why not a philosophy of intracultural pluralism as a truer expression of the direction of the democratic process? Under such a philosophy, an agency could continue nonsectarian intake policy, but programmatically would take into account the cultural background of all its members. There could be a differential approach depending on the state of readiness, with some individuals belonging to mixed groups and others to a particular cultural group, but all within the one agency.

The intracultural thesis assumes that the over-all American culture is the resultant of an interplay between the variety of cultural groupings within it. It is not the sum of the parts, but rather a dynamic whole which is constantly changing as are the groupings which contribute to it. The over-all culture has, over a period of years, developed mores, traditions, customs, institutions, and laws. The cultural groupings within it cannot be treated apart from the over-all culture which is primary. The cultural groupings, furthermore, are affected by the whole in that they must relate to and contribute to the furthering of its goals. Exploitation of the whole to meet the needs of a cultural grouping within it cannot go beyond a certain point without running counter to the over-all culture. The term "intracultural pluralism," therefore, is used to indicate that all individuals and groups function primarily within the over-all culture and not outside it. At the same time, it recognizes that the over-all culture does have groupings through which the individual functions. These groupings, however, have neither meaning nor value if regarded as outside the over-all culture or if seen in static rather than dynamic terms.

In many respects, the intracultural rather than the intercultural approach expresses more adequately the thesis of cultural pluralism, for it is predicated on a dynamic rather than a static relationship between individuals and groups. It takes as its underlying goal the furthering of the democratic way of life, not for a particular religious group, not for a particular racial group, not for a particular economic group, but for all people. It differs from the traditional approach in that it does not try to impede change in any group, thus denying the right to self-determination; and from the "melting pot" point of view, in that it does not try to force change in terms of an *ex-cathedra* frame of reference. It recognizes the varied pattern of American life but in dynamic terms. The intracultural approach assumes that an individual and a

group in a dynamic relationship with other individuals and groups will affect each other and that growth and change will result. Its basic concern is to keep the democratic process open so that any growth and change will be toward the greater fulfillment of the democratic way of life. Thus, it focuses, not in terms of *ex-cathedra* objectives, but rather on the basis of the needs and interests, and state of readiness, of individuals and groups. Rate of growth and change is determined by the people themselves rather than by static ideological concepts. In a sense, the intracultural approach represents the reality situation and tends to close the gap between the two extreme pulls.

If social group work agencies would continue the trend toward an open door policy, and at the same time move toward the intracultural approach, it would represent a furthering of the democratic process. The function of these agencies might be analyzed as follows:

1. To help the individual grow to the full of his potentialities and to become a well-adjusted human being
2. To help the individual, regardless of his background, to fulfill his cultural purpose
3. To develop among all individuals a "sense of neighborhood," recognizing that individuals have varied cultural backgrounds and group identifications. ("Sense of neighborhood," therefore, would not mean giving up these identifications or differences but rather utilizing them to help develop: (a) a feeling of belonging together, not only among individuals, but also among the various cultural groupings; (b) a sense of responsibility for conditions in the area as they pertain to various cultural groupings as well as to the community as a whole; and (c) an awareness of the neighborhood being part of the wider community, which may be world-wide, and a feeling of responsibility for conditions in that wider community)

Let us turn now to the principle pertaining to social organization and social action. It is an accepted postulate in education that the acquiring of information is only a half of the process, the other half being the use of that information. As stated in a recent document prepared by a panel of adult educators for the United Nations Educational, Scientific, and Cultural Organization, "Education seeks to promote understanding not apart from action, not at the expense of action, but in the midst of action and for the sake of enlightening it." Space does not permit tracing the impact of our present climate on the

social action aspect of our program. I believe that there would be little disagreement with the observation that in many of our agencies the larger social climate has created a sufficient fog to engulf the leadership and play havoc with the democratic purpose of the agency. Rather than intensify a program of social action based upon an understanding of our democratic goals, the tendency is to destroy whatever social action consciousness has been built up.

One might well raise the question of the extent to which this attitude toward social action is expressed against the principle that "under democracy the state exists to protect the individual and promote his welfare." It is generally accepted that freedom from want is one of the keystones of the successful future of American democracy. Are our social group work agencies increasing or decreasing their efforts in this direction? To what extent is the membership being encouraged to understand and act on the legislation which is being put forth to meet the problem?

In the area of social organization our failure to create an adequate democratic climate in the total agency can make a mockery of training for democracy through the small group experience. For example, one of the testing grounds of the adolescent's and young adult's concept "of the larger world of the older generation" is the social agency. The agency climate which they encounter can result in the strengthening of their convictions about democracy or in disillusionment. What should they find in an agency which has deep conviction about democracy as a process of group living? As pointed out by Harleigh Trecker, "they should find that policy is being determined coöperatively by 'deciders,' 'doers,' and 'receivers'; that is, board, staff, and constituency." What do they find? Unfortunately, the young adult discovers in many agencies that policy is determined by absentee boards or by staff, with little opportunity for the constituency to be heard outside a token representation. The effect on the young adult is an undermining of his faith in people and in a fundamental democratic concept of helping people to help themselves.

As the adolescent and the young adult become enmeshed in the policy machinery and program of the agency they again broaden or narrow their perspective of relationships in a democracy. The way in which the agency relates to the community and the agencies which serve it provides an excellent microscopic picture of either an isola-

tionist approach or the universal level of relationship. If the experience is a positive one the member can learn such basic concepts as that in a democracy the individual is paramount, with the agency existing for the sake of the individual rather than the individual for the sake of the agency; and that coöperation for the common good must involve giving up some self-interest and sovereignty. If progress cannot be made on this level, there is little hope for a spirit of coöperation on the world scene.

The type of setting to which I have been referring is, in the main, the characteristic private social group work agency. Social group work as a method and a process is being utilized in a growing variety of settings, running all the way from the therapeutic side of the scale to the agency which is ideologically centered, with the social group work program frequently used as a means of promoting the particular ideology. The observations which have been made apply to all these settings in varying degree depending on the focus of the agency. Space does not permit dealing with each of these settings separately, but it might be helpful to explore more specifically the growing public recreation setting.

In terms of open membership regardless of race, creed, color, economic status, or sex, there is a greater opportunity for the fulfillment of this goal in the public setting than in the private. The public setting could also provide a better opportunity for moving forward with the intracultural approach, in that it represents neutral ground. Unfortunately, many public settings are still primarily recreation centered and have not fully accepted the social group work method or the trained social group worker. The carrying out of an intracultural approach calls for the utilization of trained social group workers, there being a direct relationship between the goals and the method required to give it effect. One of the functions of the private social group work agencies in a democracy might well be the furthering of the public recreation program both in terms of quantity and quality of service. This would be in line with the principle that under democracy the state exists to promote the welfare of the individual.

Social action in the public setting will tend to reflect the state of readiness of the community. It may run into greater difficulties at times than in the private setting but would have the advantage of involving the total community and would help sharpen both the issues

of the day and the philosophy of the governing body for the voting public.

I would like to make clear that in pointing up the positives in the public setting it is not with the intent of viewing it in opposition to the private agency setting. It is not a question of either/or but rather both/and. Within both the public and private settings there will be a variety of patterns. There is no pure prototype in a democratic process. Because of historical differences, differences in community composition, and many other factors, patterns will vary, and it is healthy that they do providing they have as a least common denominator the strengthening of the democratic process and the furthering of the democratic way of life. The use of the all-black or all-white yardstick is an oversimplification of the structure and process of our democratic society. The important point is a common understanding of basic democratic principles as we chart our course and our method of travel toward it.

I believe that the answer to the question of what is the function of a social group work agency in a democracy is quite clear. It is obvious that merely by giving a name to our agencies we cannot achieve the fulfillment of our sound social group work philosophy and methodology. Our progress can be no more effective than the deep concern of our boards and staffs for the democratic way of life and their ability in translating this concern into sound policy, structure, and program. Although the staff may have a greater technical knowledge of social group work than the board, they should hold in common a belief in the dignity of the human being; a faith in people's ability to learn; a belief in the individual's right to self-determination and self-government; and a faith in the method of working with people rather than for them.

Social group work is a method and process which can be used in a variety of settings. Although it grows out of a democratic philosophy its effectiveness cannot be separated from the type of setting in which it operates. There are indications that the impact of the present political, economic, and social climate is making inroads on the democratic structure and goals of many of these settings. Social group workers must face this challenge. It cannot be met by retreating behind a part of the program termed social group work activities. Our social group work philosophy must pervade the entire agency and the community.

The contribution will be made only if professionals address themselves to the furthering of the total agency and community climate. It is imperative that we act; for if we shun this responsibility we may be helping to create the climate which will deeply affect, not only the organization of our educational approach, but its whole spirit and technique as well, to say nothing of the future of the human race.

How Can Public and Private Agencies Coöperate in Meeting Needs of Children?

I. THE PUBLIC AGENCY

By ROMAN L. HAREMSKI

THIS IS AN OPPORTUNE TIME to discuss the relationships of public and private agencies that serve children, for they constitute a basic consideration in the planning that must be done. The recent movement toward more public service and public support, culminating in the proposed Public Welfare Act of 1949, places child welfare in much the same position as was family welfare when the depression-born public programs necessitated new alignments in the 1930s. The people in the family field faced the issues squarely. We must do the same for child welfare.

The issues revolve around the question: Who is to do what and why?

A quick glance reveals no distinct division of responsibility between the public and the private agencies. In some areas, the traditional private agencies are still doing a traditional job, while the public agencies are forced to stay under cover. In other places, public agencies are forging ahead, while private agencies are struggling to maintain their foothold. In a number of sections, public and private exist side by side, complementing each other, developing planfully. In some places, therefore, there is willingness to work together. In others, there is only tolerance one for the other. In a number, there is antagonistic resistance. The determinants of who is to do what and why seem to be found in history and tradition, in philosophies and attitudes, and in frustrations and fears. Emotions, it is apparent, are playing no little role in arriving at a solution.

It is well, therefore, to think through what the logical functions of

public and private agencies in behalf of children should be. The word "logical" implies that the functions are to be thought of objectively, as being arrived at with our heads rather than with our hearts. It removes the pitfalls of dependence on precedent or tradition. It behooves us only to begin with right premises and to end with valid conclusions.

I would suggest three basic premises: (1) the logical functions must be dependent upon the needs; (2) the functions must be determined by the characteristics of both the public and the private agencies; (3) the functions will be influenced by the degree of coöperative effort between the agencies.

There appears to be considerable agreement as to what are the needs of children. Basically, the core of child welfare is family welfare, since the rightful responsibility for the well-being of children rests with their parents. All the needs, therefore, may be lumped into two categories: (1) needs that families have in assuming their proper responsibilities; and (2) needs that children have when, because their welfare cannot be assured by their own families, they require other forms of care.

The first area encompasses all the needs that families and their individual members may have in their personal and social situations. This means more than a semblance of economic security, more than freedom from physical pain; it means healthful community conditions, adequate housing, meaningful education, wholesome recreation, suitable mental, moral, and social development.

The second area embraces the above-mentioned needs plus those which arise from the necessity for foster care and those which are inherent in the very nature of substitute care.

The second premise is that functions of both public and private agencies will depend, not only upon the needs to be met, but on their respective abilities to meet them; and the abilities, in turn, will be to a great extent dependent upon their intrinsic characteristics. Much has been said about the characteristics of governmental and voluntary agencies; let it suffice to summarize what are currently accepted as the basic elements.

With regard to philosophy, the public agency represents the public's concern—for the welfare of people; it stems from the inherent responsibility of government to secure the ultimate good of all. The

private agency represents the will of an individual or a group who, upon seeing a need, is motivated to do something about it.

With regard to authority and support, the public agency derives its power through legislation and its resources from tax funds. It, in turn, is accountable to the general public. The private agency, in contrast, exists by virtue of its sponsors. The private agency is primarily answerable, therefore, to its supporting constituency.

Other characteristics flow from these. The public agency has a mandate, legislatively outlined or detailed, to meet the essential needs of large numbers of persons or the specialized needs of smaller numbers. Thus it is ordinarily a quantitative agency and too frequently a residual agency. Because of its size, it may tend to be bureaucratic and impersonal. A more significant characteristic is the air of uncertainty that surrounds it: uncertainty about the continuity of service, about the type and standard of service—uncertainties that are very real because of the political whims of legislators. It seems clear that the public agency will continue to be faced with serious difficulties because of its intrinsic dependence upon a public which is by no means united in a desire to offer services beyond the very minimum. Hopefully, these are but transitory difficulties; for, surely, it is not in the nature of public agencies totally to exclude flexibility, diversity, or quality. For the present, however, the public agency, for all its obligations in justice to all, does have a rocky road to travel. No wonder the private agencies frequently look with a questioning eye on any further development of public programs!

It is true that the private agencies, because they are voluntary, tend to be much more flexible in setting their sights, in determining the numbers they will serve, the quality of work they will do. They are inclined, therefore, to be more qualitative than quantitative. Their administration is ordinarily less bureaucratic, less encumbered with hierarchy, with controls, and with restrictive regulations. They are freer to change, to experiment, and to demonstrate. Nevertheless, the private agencies, too, have their stormy days. Talk to the treasurer of any board or to the executive of any community chest or fund and you will hear the concern about future programs, because of increasing costs in an era of anticipated decreasing contributions. Uncertainty, therefore, is equally characteristic of the private agency. Ordinarily, the private agency is idealized. Actually, vestiges of the past continue

to hold standards down. Vision, imagination, and creativeness are not necessarily characteristic of all private agencies.

These basic characteristics imply not only the essential differences between the public and the private agencies, but also the boundaries within which each can work most effectively. From these considerations, it may be concluded that the private child welfare agency will select needs which it can meet within its objectives, and within the administrative framework it can afford. The public agency will have the responsibility of meeting that portion of the unmet need which a socially conscious public will demand that it meet.

With such distinctions made between public and private agencies, the third premise becomes obvious. Both public and private agencies have to share the responsibility of meeting the needs of children. The enormity of the task demands the contribution that each can make; either alone is inadequate to do the whole job.

I cannot help but be reminded of the days of the pitched battles between the strong advocates of institutional services and the fond supporters of foster home programs. "Never the twain shall meet" was aptly said of them. Well, after many years, they did meet. Now, no one thinks of one to the exclusion of the other. Both types of resource are considered essential in a well-rounded foster care program. It seems that we are experiencing the same kind of warfare between the advocates of the public and the supporters of the private children's agencies. The battles are polite, to be sure, but they range from slight innuendos to bombastic blasts; from obvious indifference now, to clever legislative maneuverings later on. And to be on the wrong side is anathema. In some sections, if one speaks forcefully for public agencies, one is typed as "antiprivate," and vice versa. Actually, the twain must meet to provide the kind of program that will adequately meet the needs.

From the above considerations, the logical functions of the public agency should become apparent. The primary function is the discharge of the public's responsibility for meeting the essential childhood needs, which, because they can no longer be dependent upon private charity, have a rightful claim to appropriate services from the public. This primary function should be thought of as consisting of two component, subsidiary functions, namely, providing the direct and the indirect services.

The direct services meet the needs of individuals. Their emphasis

must be on conservation of the child's home, on child protection and development, on child placement, and on the care of special groups, including the delinquent and the physically, mentally, and emotionally handicapped.

Most of these services ought to be administered locally, through comprehensive, integrated, child welfare programs in all counties. The remaining services, particularly those for the specialized groups, ought to be administered on the state level. Wherever the services exist, efficient service is fundamental. The needs demand capable service no less in the rural areas than in the urban; nor is one type of service less deserving of competency than the other. The important point is that an offer of service is a meaningless gesture unless it is ably and humanly provided.

Implied here are the basic elements for effective service: broad coverage of needs in all areas; administration of the programs where the problems exist; integration of programs to avoid duplication and unnecessary segmentation; sound apportionment of administrative and judicial authority; and coöperative relationships with other agencies, both public and private.

The public's responsibility logically extends beyond giving these direct services. Equally important are the indirect services that the state ought to give to the agencies. This is not only a matter of assisting the local units financially; it also means offering the local agencies, public and private, the supervision, guidance, and leadership which they need for the fuller development of their programs. The state, moreover, ought to keep an ever watchful eye on all children, insisting that the child welfare laws be enforced and improved, that standards be maintained and raised, and that gaps in services be appropriately filled.

Beyond the state's responsibility is the nation's concern for all its children. The Federal Government has a responsibility of seeing from its vantage point the extent to which the states and local areas are serving their children. Its necessary functions relate to fact-finding, to informational and advisory services, and to financial aid and leadership in order that the children throughout the country will get adequate service.

It is a well-known fact that the public agency discharges the responsibility which the general public gives it. We know that a socially con-

scious and knowledgeable public will give and demand more than will an uninterested and indifferent one. The function—yes, the obligation—of the public agency, whether local, state, or Federal, is forcefully but intelligently to make known the needs it faces, in order that the socially conscious public will be greatly multiplied.

To do so convincingly, the public agency must constantly be self-evaluative to discover how its practices compare with its objectives, where more emphasis needs to be placed, and what new problems are being slighted. Such honest evaluations will lead to growth and development within the agency; more than that, they will fortify the administrators with telling facts sufficient to arouse the public to want more and better services. Research and demonstration, and particularly self-analysis, have a real place in the public agency as helpful tools for administration within and for interpretation outside.

These, then, are the basic, logical functions of the public agency in behalf of children: (1) to discharge the public's over-all responsibility to children; (2) to discharge this responsibility through direct essential services that will provide whatever assistance and guidance may be required for proper growth and development; (3) to discharge this responsibility through indirect services that will provide assistance and leadership for the fullest development of the direct services; (4) to interpret the services to the public in order that solid backing may be obtained for current programs and strong support gained for future developments; (5) to conduct research and demonstrations for administrative and interpretive purposes.

An equally pressing question is: How can we develop logical functions in the child welfare field, which just grew up, without much logic to it?

In thinking of child welfare in my own state of Illinois, as an example, I recalled that for the last 100 years, Illinois has been primarily a private agency state with scores of institutions and associations founded along sectarian and nationality lines. Since the public had not stepped in, the private groups, in increasing numbers, met their own growing needs. Once entrenched, they petitioned for public funds. Since 1879 per capita public payments to the private agencies have been the rule. Public child placing agencies, as a consequence, have been conspicuously absent.

I saw the array of state programs. There were the delinquency pre-

vention programs and the two schools for delinquents. Then I envisioned the new reformatory which is being planned. It was a delight to remember the state-wide child guidance clinic, and the new hospital school for the seriously physically handicapped; it was less heartening to think of the other overcrowded schools for the handicapped. The public assistance programs were much to be thankful for. The State Division of Child Welfare looked quite restricted, limited as it has been for the last thirty years almost entirely to indirect services. Its only direct service has been the care of veterans' children in the one state institution for dependent children.

Coming closer to home, to the County of Cook—I saw the juvenile court. Now in its fiftieth year, it is powerful indeed, for on it depend, not only the thousands of children who are victims of neglect, are delinquent, or are in need of legal protection, but also the thousands whose only need is for funds for foster care. I thought of the detention home, housing delinquents and dependents. Then, my thoughts turned to the fifty-seven private child placing agencies and institutions, large and small, specialized and unspecialized, progressing or just standing still.

I finally came upon the city of Chicago with its unique phenomenon—a public child placing agency. Even that is not a full-fledged child welfare service, for legally it is only an extension of the Pauper Law of 1874, limited to the placement of indigent residents of Chicago. Were it not for the depression needs, which the private agencies could not meet alone, this agency would not have come into being. All previous attempts at establishing a public program had failed because of the pressures against any such program which could threaten the private agencies. Even so, this agency agreed to have the private agencies place and supervise the children they selected to serve, in return for the public per capita payments. I reviewed the statistics of that agency; 4,000 children, just over a third of all the foster children within the county; 2,000 served directly by the public agency; 2,000 carried coöperatively by the private agencies.

Then I recalled the unmet needs of almost 2,000 additional children in the county who, while needing placement, do not fit into any of the child welfare niches that have been so abundantly carved out. Try to imagine a large county with one public agency limited to the indigent residents of one municipality, and fifty-seven private child

caring organizations attempting to meet the rest of the need. Add to the picture the bed space within the institutions, which should be decreasing if more space is to be used for living rather than for mere existing. Add also the selective bases on which children are accepted by the private agencies. Add, likewise, the factor of increasing costs and the consequent decreased value of private contributions. Add, too, the puzzling dilemma of many a private agency that wishes to specialize because of critical needs, but has instead to meet the urgent essential needs of hundreds of children for the lack of other facilities. Whether to spend \$3,600 on one child in a treatment center or to spend the same \$3,600 on the basic needs of six children—that is the question.

I remember the committee of leaders in the Chicago area who added the above problems several years ago. They found the sum total to be a need for a county-wide public child welfare service. After thirty-two months of discussion a bill was finally prepared for introduction into the legislature. In essence, the bill would create still another agency, a placement agency that can accept, on order of the court, only those children whom the private agencies state they cannot serve.

Thus goes child welfare in Illinois, around in vicious circles! When compared with the logical functions of public agencies, the whole Illinois pattern seems woefully lacking in discharging the public's over-all responsibility, in the provision of adequate direct and indirect services, and certainly in interpretation to the general public.

Illinois, fortunately, is not typical; but it is illustrative of a peculiarly illogical child welfare framework, and, in many respects it is not unlike most of the other states. It could not, for instance, be proven that the citizens of Illinois are less concerned about children than are the citizens of any other state. The reluctance to spend tax money, especially for welfare purposes, is common the country over. Every state, likewise, has its traditions and its vested interests. Many states, most assuredly, have their public agency advocates and the corresponding private agency supporters. All states have similar child welfare needs, even though patterns for meeting them do differ, and all of them have similar objectives.

What does all of this mean? In short, it suggests the practical difficulties in trying to bring order out of the chaos that seems so prevalent, to bring some logic into what otherwise is quite an illogical pic-

ture. None of the existing patterns was developed overnight, nor will changes come quickly. Change will come gradually, but only as the basic wrinkles are ironed out.

Space permits mention of only one of the wrinkles that will have to be smoothed. It is the one relating to public payments to private foster care agencies. The fact that this is a practice in forty-one of the forty-eight states indicates that it is well-entrenched and has many more chances of surviving than of being discarded.

Historically, the advocates of the system can point to the volume of services provided over the years by voluntary agencies with the aid of public payments. It was formerly sound policy to use existing private resources rather than to establish new facilities. It was a saving to the taxpayer as well. They hold that the same situation obtains today. A stronger argument is that the sectarian groups firmly believe it to be their moral obligation to serve their own dependent children. This responsibility, which stems from the correlative right of such children to the preservation of their religious faith, is very often more than they can afford. They therefore lay claim to public payments—again on philosophical grounds.

They would point out that since these children have the right to services of private agencies of their own denomination, the agencies, to meet this obligation, have the right to the resources. Now, when their voluntarily contributed resources are insufficient, they have a right to public funds, a right that is based on the government's responsibility to provide for the development of its citizens. They would emphasize the fact that government is never obligated to provide all these opportunities directly, but is obligated to provide them, wherever possible, through private agencies. They would want the government to serve private agencies, not to absorb or destroy them. This, they would assert, is the democratic way, the American way.

These are deep convictions. A real appreciation of them makes quite intelligible much of the mistrust of state supervision, the fear and suspicion of inspection, and the pressure against further public agency developments. More public welfare means a threat to their status, an encroachment upon their domain, and an additional step toward a government monopoly in child welfare.

On the other side of the fence are two encampments. One bristles at the very mention of public subsidy or per capita payments to pri-

vate agencies; the other, although equally opposed, takes things more calmly. The former would discard the practice immediately; the latter, a more realistic group, would hope for its eventual withdrawal, but in the meantime would require certain controls.

The latter group parts company with the opposing side on the issue of the government's obligation to provide services. They point out that direct public services of high quality should be available to all children who need them. They would not object if the private agencies cared for their sectarian groups, at their own, not at the taxpayers', expense. They would most certainly insist that public funds be used only by public agencies. They look not only at constitutional provisions which separate Church from State, but at the realities of variations in standards, and the impossibility of maintaining adequate controls. They see in the perpetuation of the subsidy idea the growing pressures against public programs, and the resulting lack of services for those whom the private agencies do not want, and for those in areas totally untouched by private agencies. They are not particularly worried about statism, for they believe that the impact of public child welfare services will not lead to statism any more or any faster than have public education and public assistance.

The calmer group of opponents feel much the same way. They realize, however, that public facilities can nowhere meet the total need. In granting subsidies, they would pay on a per capita basis with seemingly adequate controls to guarantee similar care of similar needs for similar payment.

Can these clashing philosophers ever be reconciled? Must one side lose in order that the other can win? Can such opposing groups be made partners to share a common responsibility?

The answers to these and many other perplexing questions will depend upon the individual community and state, upon the bigness and real maturity of the leaders who, with vision, must help shape the destinies of all children. There will be a meeting of minds if there is full appreciation of the other fellow's point of view and a dogged determination that nothing will stand in the way of serving the needs of children.

The logical functions of public agencies in behalf of children, stemming from the public's responsibility to meet childhood needs whenever and wherever they exist are for the most part still ideals to urge

us onward. As we plan to bridge the gap between the stark realities of today and the ideals for the morrow, let this be our guidepost—not government monopoly, not private monopoly, but the public and the voluntary agencies, working together, as partners, in the interest of all children.

II. THE PRIVATE AGENCY

By WALTER P. TOWNSEND

A NUMBER OF YEARS AGO, when I first began to work in the children's field, one of the questions which had caused a great amount of discussion, and even controversy, was concerned with the respective place of child placing agencies and institutions. We hear less about that problem now. Most people have come to believe that there is something in the nature of a child's need which should determine whether a child is to be cared for in an institution or in a foster home. Child placing agencies do not believe now that they have the answer to the needs of all children, nor do the institutions. A logical division of functions has been arrived at, and both agencies and institutions have found a release of energy for constructive change. If we can find such logical roles for our public and for our private agencies, then perhaps we may look forward to similar constructive development and change.

Will we find a helpful clue in the needs of the children themselves? I believe that it will be found, not in the nature of the children, but more in the characteristics of these two kinds of agency and in the social work pattern of the community and state in which the child needs care.

One characteristic difference between public and private agencies is the way in which purpose or function is arrived at. The public agency finds its origin in the statute or ordinance which creates it. This statute, in turn, is a response by the legislative body to a conviction on the part of the majority of the general public. In the case of legislation creating a public child care agency, this public conviction

is often arrived at by reason of the experience of private agencies demonstrating the necessity of a public agency to do the work, and by reason of their participation in the process of community organization thus helping the public to understand the problem and to achieve conviction about an approach to it. Sound change in the public agency function is, therefore, likely to come slowly and in response to a change in public opinion.

The changing purpose and function of the private agency, on the other hand, are, after its general authorization by a charter, decided by the agency itself; that is to say, they are decided by its board of directors or other governing body. Since a private children's agency is a social agency, it can achieve sound change only in relation to other social forces and by reason of conviction on the part of its supporting public; expressed, for example, in the granting of funds by a community chest. Nevertheless, it is a prerogative of a private agency board to make basic decisions governing the work of the agency: in the field of policy, such decisions as those relating to the kind and scope of program; in the field of practice, such decisions as those concerned with the way children are accepted for, and continued in, care, the part their own parents play in this, the basis of the relationship with foster parents. In other words, an agency must be in control of its own essential processes. This is one of its most important and useful assets, especially so if it enables the agency to attain flexibility in function and in methods. If a private agency is not able to achieve such constant development and improvement in its work, it is missing one of its primary reasons for being. It must, therefore, be on the alert for possible threats to this useful prerogative of making its own basic decisions.

One other usual characteristic of private agencies is the limitation of funds. It would be difficult to persuade our colleagues in the public field that we are alone in this, and it may be that there are private agencies whose resources are ample for the child care needs of their communities. The proof of the general principle is shown, however, by the happenings of the past two decades when so many social services which have been under the jurisdiction of private agencies, perhaps for long periods of time, have had to be taken over by public authorities. Sometimes this has been by reason of failure of private funds, at other times it has been because a necessary service has grown beyond

private resources. My point is that since the function which a private agency can support is necessarily limited, it cannot achieve complete coverage of an extensive and basic service. At least it is clear that when it tries to do so it begins to take on a public responsibility. In this case the private agency inevitably has to have public money, perhaps small amounts at first, but as the work develops, these amounts increase materially. Such supplementation by public funds has sometimes made possible the development of needed services when that could not have been accomplished by the private agency alone, for reasons of finance, nor by the public authorities because of lack of readiness for it. It is important for us to know, however, what has happened and is happening when the private agency becomes a mixture of private and public. Is the private agency losing one of its essential prerogatives, its control over its own essential processes? It is also important for us to question whether or not this is the greatest contribution to child care that the private agency can make. If it was at the time the pattern developed, does it continue to be? If change is indicated, has the private agency responsibility for participating in it?

One of the conditions that an active agency executive faces in accepting an assignment such as this is that it is impossible, perhaps fortunately, to make an approach based only on broad and philosophical premises. My approach, for instance, is limited and influenced by our particular agency and community setup. But from this experience it may be possible to draw some conclusions which will have a wider bearing.

I work in a large and complicated child placing agency operating in many communities in eastern Pennsylvania. These communities differ in their social agency machinery. In all of them, however, the local public authorities rely upon the private agency or agencies to do the work of child placing and do not themselves give direct placement care. We receive from the public authorities partial reimbursement for the cost of care for the children who are eligible for it. We also belong to community chests and derive a considerable part of our income from them. We are, therefore, right in the middle of one aspect of the public-private question; the use of public funds by private agencies is a subject to which we must give constant thought. I have sometimes wondered, however, who is subsidizing whom.

I have mentioned the subsidy or per capita reimbursement plan

because it seems to me that for the private agencies it is one of the most immediate and fundamental problems in the whole question of public-private functions. It is not confined to our particular agency or to Pennsylvania, but is found in many communities. To the many private agencies who are deeply involved historically, functionally, and financially in this plan, any attempted definition of the place of the private agency in the child care field which does not consider it as a central fact is footless. It is a stubborn, undeniable problem, and we must understand what is involved before either the private or the public agency can find its direction and make its own contribution to the vital field of child care. To some of those who are responsible for the work of private agencies it seems that any attempt to change this pattern and to arrive at a more logical arrangement is an attempt to destroy the private agencies in order to build up one big public agency with one point of view and to do away with private initiative. On the other hand, there are those who apparently believe that the concern of the private agencies with continuing their existence and their services is an attempt to perpetuate an outmoded system which ought to fall of its own weight. I should like to make it clear that most of us do not share either view. We are anxious to see the sound, orderly, and logical development of the needed public services, backed by a well-informed public opinion. At the same time, we believe that the contribution of our private agencies to the work of child care should also continue to be developed soundly and constructively. From this viewpoint, which calls for the development of these services—and development means change—the question is not how to maintain the status quo but how to move from where we are now to a sounder and more logical allocation of duties. And how can we do this by a process which will build rather than destroy?

It is clearly established by law in Pennsylvania that the local public authorities are responsible for the care of homeless, neglected, and dependent children. This is not a new responsibility, but one which goes back to long before the establishment of our modern social services. Our agency came into being because of the way in which that public duty was performed, because a group of public-spirited citizens felt that foster home care offered more for homeless children than the almshouses. This same way of beginning in relationship to the public program, such as it was then, was characteristic of the beginning of

child placement in other Eastern states and communities. It may be that the mixture of public and private that we have now can be traced to this circumstance. The feeling on the part of these agencies that they were, after all, relieving the public authorities of their responsibility may have served as justification for a request or demand for money when the program grew beyond private resources.

In Philadelphia the first payment by local public authorities to the private agencies came in 1907 or 1908. The amount per child was based on the cost charged to the city by the reform school to which juvenile delinquents were committed, the idea apparently being that nondelinquents were equally a responsibility. In 1919, the amount was increased, and the basis of payment was changed; it was now to reimburse agencies for the cost of "board, clothing and medical care." In 1925-27, the basis for reimbursement was again broadened to include the cost of "placing and replacing," but, perhaps significantly, the amount was not then increased. The additional responsibility was accepted in theory, but not in fact. Increases in amount have been granted successively in 1942, 1947, and 1949, justified chiefly by the increased cost of living, but with the cost of placing and replacing being a definite part of the picture. Significantly, the question of whether or not this is less costly than an entirely public program has entered into the decision by the public officials as to the amount. As they get closer to taking over complete costs, they may well wonder whether they should not take over the total responsibility.

It is possible to point out real gains over the years as a result of this private-public development. The number of children who are given care by the private agencies has become very large and so has the amount of public money expended. To the extent that it represents an acceptance by public authorities of their legitimate responsibility, this is good. Certainly, those children—and over the years their number is large—who have had better care than would otherwise have been the case have been fortunate. This is a really important consideration. I think it is well, too, to point out that much of our progress in the methods and philosophy of child care has occurred under this program. Though briefly stated, these and other gains add up to a very considerable sum in assets.

In evaluating any program, however, it is necessary to study not only the assets but also the liabilities. To my mind, the greatest of

these is the amount of confusion and conflict which arises because of the divided responsibility, often badly and unclearly divided. Sometimes children and/or their parents are caught in this conflict and suffer from it. I have said before that a private agency must remain in control of its own essential processes. This is, of course, just as true of a public agency. When the philosophy and methods of two agencies differ sharply, the result for the child or parent who is in the middle may well be disastrous.

Another problem, too, is that often the responsible public official is left with the least satisfactory piece of this divided responsibility, putting up the money and levying the necessary taxes. He may not share the satisfactions to be found in being related to the growth and development of the children under care. In a manner of speaking, the private agencies have "latched on to the positive" and left the negative to the public. I am aware that the characteristics of our public institutions are more deeply rooted than this in the culture of our communities, but nevertheless, I question whether we always allow room for their fullest achievement. Too, we must accept our responsibility for being a part of the community culture.

Another dilemma is that both our public and our private money is locked into the same program. Neither agency, then, is able to develop in its own characteristic fashion and thus make its greatest contribution to this very great community need for child care. From the standpoint of the private agency task of starting, experimenting, changing,¹ the necessity of subsidizing the public agency work is frustrating. To a great extent, the divided responsibility, the lack of opportunity for public officials to experience some of the positive satisfactions of a good program, and the locking of both public and private money into the same program make for a static situation, and I am led to the conclusion that some change is called for. To seek out a way in which a private agency can helpfully influence this change, we shall again have to look at its nature and characteristics as well as at the nature of the problem.

I referred earlier to the fact that public services are started as public opinion to support them is developed, but that the private agency is

¹ See "The Task for Private Charity," address by Dr. Alan Gregg, Director for the Medical Sciences, Rockefeller Foundation, delivered at the sixty-fifth Annual Meeting of the Illinois Children's Home and Aid Society, January 27, 1949.

often able to begin, on a narrower base of support, a service which later becomes so essential that it becomes necessary to have it as a public function. One of our board members referred to this role of the private agency as being similar to that of the pilot plant in the development of an industrial process. In our field, the history of the per capita reimbursement in Philadelphia is an excellent example of the progressive taking on by the public of certain essentials of the child placing job. It began with acceptance of the idea of support of nondelinquent children, then took on the material aspects of board, clothing, and medical care, and more recently approved part of the cost of placement. As we analyze this progress, however, we realize that it leaves our public services short of one of the really basic essentials of any good child care service. We are lacking the readiness of the public authorities to invest the public's funds in the competent, professional casework service which our experience shows to be at least as necessary as any of the other aspects of care. It is as important as the payment for board and clothing and the provision of medical care—a professional service, by the way, for which the public is willing to pay. So, in respect to this casework service for children, the private agencies in our community are still in the pilot plant or demonstration stage. We are well supported by a substantial segment of our community, but there is not yet the general public support without which it cannot be an effective public function. I feel sure that at some point this support will develop as it has in varying degrees in other localities. I also feel sure that when this happens, the private professional agencies will be eager to see the public agency take over its own responsibility so that they can get on with theirs. From this point of view, the questions come down to how and when this public acceptance of the casework function takes place and to what functions the private agencies will then address themselves.

It seems to me that if we are to see such a development the private agencies will have to play a part in the process of community organization which will bring it about. The work of community organization or social planning calls for special skills such as local welfare councils and state-wide planning agencies have developed. It is not desirable for a casework agency to try to become a community organization agency, but I do believe that there is something in the way of knowledge and understanding of a particular problem and service which

only those who work in it are in a position to furnish. Moreover, our supporting community must of necessity furnish the nucleus for that general public opinion of which we speak, if what has been learned is to be incorporated into a public program. It will not just happen. We have seen examples of private agencies turning over the placement function to public officials who were ill prepared and unready for it and we have seen other officials, no more prepared and ready, discharge a professional agency of its responsibilities, with chaotic results in both instances. On the other hand, we have seen a process of organization of public child care in which the private agency boards and staffs have been willing and able to carry into the new program those things which they knew from experience were the basic essentials of child care. If this last can happen in the course of the process by which public responsibility grows, if there can be a sound and orderly transition from private to public care, then I think the private agencies can turn their resources and resourcefulness to new achievements.

I am aware that I have not been able to provide a formula by which private agencies can judge whether or not they are giving the best possible service to their communities. The fact is that this ought to be determined community by community. The historical development of the placement and institutional services is not the same in every locality nor is the readiness of the public to support casework services at public expense. Different communities are at different stages in the process by which these responsibilities can soundly become public. There are certain things, however, which can be said. One is that a sound children's service must be related to the basic child care plan of the community. This is just as true of the private as of the public agency. It involves determining, state by state and community by community, the division of functions between public and private agencies in relationship to over-all planning for services to children.

This statement expresses a sound and workable idea. As private agencies move into this sort of joint planning it is necessary that they keep their private orientation in order that they may make the greatest possible contribution to the common effort. It is relatively easy for professionals from public and private agencies to sit down together and evolve a plan of action. It is another thing to make it effective. The private agencies must keep their boards soundly related to, and participating in, such a process of planning and action. Our agency boards

are likely to include those leading citizens with the greatest concern and interest, and they can furnish the core of that public support that is necessary for the successful execution of any social plan.

As the related processes of joint planning and the development of public children's agencies proceed it will become clear that there are many tasks that in a particular place and at a particular time are best assumed by a private agency. Many of these will be specialized services, institutional and other, which the private organization with a degree of freedom from social pressures and an ability to concentrate highly developed skills on a limited area can do well. It is to be hoped, however, that not all the voluntary effort will be drawn off into the highly specialized fields. Our private child placing agencies have been close to the growth and improvement in process and method of a great and fundamental children's service. Their sponsorship, by doing, of high standards of placement and their potential for professional growth and community strength will be needed for a long time to come.

While it seems certain that in some localities the mixture of public and private services, with each subsidizing the other, will have to continue for some time, it will be necessary for the private agencies to begin to free themselves from this involvement sufficiently to regain or retain their private character. There are, quite rightly, inherent controls that must go with the expenditure of public money. When this so-called "subsidy" system can turn into the purchase of care for individual children with rates paid being commensurate with the quality and cost of the service rendered, we may be able to free some of our private resources for giving care which the public may not yet be able to support. In discussing this problem one of our staff members said,

One of the worst features in all of this is that too little private money is being spent for the direct maintenance of children. Many private agencies have little or no private funds available to pay for children's actual board and clothing. We have cut our children into parts—one part belongs to this agency, another part belongs somewhere else.²

The great danger is that if private agencies are not thus able to free their private resources they may become simply an extension of the

² Ora Pendleton, Director of County Agency Department, "Child Care through Co-operation of Public and Private Services," address delivered at New York meeting of private agencies, March 30, 1949.

public agencies and thus be unable to make their unique contribution to the common problem.

When I had graduated from college and was looking for a job I sought the advice and counsel of an older friend. He did not say that there were opportunities in the airplane industry, in oil, in law, but wisely engaged me in a consideration of my own aptitudes and interests. He said, "If I were a young man again, seeking a career, I would first try to decide what I had to offer, what were my greatest strengths. Then, I would look around for the place where they were needed the most and go to work there." Similarly, in seeking our most useful place in the child care field, it is necessary for each agency to know and understand what it has to offer, what are its essential qualities, and then to see where, each in its own state and community, it is most needed.

What Are We Planning For?

By O. W. KUOLT

COMMUNITIES HAVE BECOME increasingly aware of the necessity to improve plans for the advancement of human welfare. A review of the changes in local health, welfare, and recreational services over the past two decades reveals an attempt to formulate a balanced program designed to meet the needs of all people of all economic levels. Planning, however, has been neither comprehensive nor overall in scope and too frequently has been segmented, opportunistic, emergent. There has been a lag between the birth of a new need and action to meet it; there has been a seeming reluctance to discontinue or diminish services of dwindling importance; too little consideration has been given to the adjustment of budgets in harmony with declining or increasing needs. As a result, there has been a general demand for increasing funds for the support of the total program when possible savings made in certain areas might have reduced the amount apparently required.

Planning cannot be separated from finance, because action is dependent upon the funds available to solve social work problems in the immediate and remote future. There has been a dramatic increase in the financial support of the program for community well-being, indicating an attempt to provide for the optimum use of services for the optimum living of our people. Unfortunately, planning has not kept pace with financing.

Agencies have often been created emotionally or under favorable circumstances, regardless of their importance or urgency. Programs as originally designed have been continued long after needs have ceased to exist. In many instances, agencies have been tinctured with vested interests; their resources and strengths were not put to best use. Though there has been social change, many loyalties to agencies and to original objectives seem to have demanded perpetuation, resulting in a patchwork pattern that, despite the soundness of the philosophy

of the individual agency, has failed to set a common goal of services to the community.

While communities have been reasonably successful in planning for immediate needs, their efforts have been limited almost wholly to the reduction of duplication, to effective administration, to consolidation, and to the coördination of agencies' programs. These processes, however, have placed greater emphasis upon negotiation than upon planning. Current community programs are alignments based upon past performances. Communities may be aware of where they have been and where they are now, but little thought has been given to where they are going or should go. Long-range planning has been woefully weak or absolutely disregarded.

If councils of social agencies and other community welfare federations are to discharge their responsibility as the media for community social planning and action they must begin to explore the nature of future services. It cannot be assumed that the present program is effective and that more and better budgets for the services now being performed are the solution of the community's problems. In fact, the history of the development of community resources indicates that services have been created with little thought of what they might contribute to a comprehensive community objective.

Individual agencies and some functional groups have attempted to plan for the future. Praiseworthy as their attempts may have been, they were at a disadvantage, since the lack of a community aim made it impossible for them to use their resources to the greatest benefit of those whom they desired to serve. They have worked in a quasi-vacuum. Some of these groups have projected five-year programs, largely financial, on the assumption that more of the same thing that they were doing, or with slight modification, was their ultimate contribution to the community. Commitment to underwrite isolated programs is unfair to other agencies, whose financial needs are not given equal consideration.

Most attempts to develop a comprehensive program have been "money-centered." Their concentration upon finance has resulted in failure. Despite the enthusiasm of a central body and its major planning units, the individual agency feels threatened when confronted with trends reflected by a mass of financial data. Planning based wholly

upon money diminishes as it works itself from the central group out to the circle of operating agencies.

Like some other communities, Rochester was concerned about the lack of planning for the future. In February, 1944, the Central Planning Section of the Council of Social Agencies reviewed a vast amount of financial and statistical data which were passed on to the planning divisions with the request that, after thorough study, preliminary long-range plans should be formulated. To be brutally frank, this attempt was an utter failure. It did lead, however, to the conclusion that planning based largely upon finance is futile, and that the development of a community aim shared by all organizations is an inescapable prerequisite of long-range social planning.

Despite this setback the Central Planning Section was convinced that a pattern for future services must be designed if the community were to be properly served. After exploring many suggestions, it was decided to make a philosophical approach as the necessary first step. Emphasis was placed upon people, not money. This decision was the turning point in the deliberations. The effect of industrialization, urbanization, materialism, and demographic trends upon the local community was studied, and the decision was soon reached that these social and economic changes were making a serious impact upon individuals and their families.

Reports prepared by committees representative of major functional groups were analyzed enthusiastically and thoughtfully. The change and loss of family functions—economic, educational, religious, recreational—were scrutinized, and, after a series of meetings extending throughout the year, the Section issued a report, "Supplement or Substitute—an Introduction to Long-Range Planning for the Social Services of Rochester and Monroe County."

There was a growing conviction that this approach might well lead to the formulation of a community objective to which all agencies could subscribe. The findings rested upon the following initial statement:

There is every evidence that the basic unit for the development of adequate personal and social life is the family, and that good social planning cannot be promulgated upon any other basis than one which provides for the best possible family living. This is not to say that all social problems can be

obliterated through society's strengthening family life, but it does mean that adequate family life in a population will go a long way toward providing the individual with the emotional and social stamina necessary to weather the exigencies and crises of contemporary living.

Recognizing the relation of adequate family living to the social problems of our society, the Section submitted the following findings:

1. *A community must be looked upon as a group of family units.*—Regardless of the changes that have occurred and are occurring in our society with resulting displacement of certain family functions, the community cannot be considered other than as a constellation of families. The focus of social services must, therefore, be upon these families, rather than upon isolated individuals who happen to be members of families.

2. *Planning as it affects the individual and his problems must consider him as an integral member of the family.*—The tendency has been, unfortunately, to deal with the individual as an individual and without any consideration for the recognized interdependency and interrelationships which make for personality development and socialization. This tendency has occurred despite the recognition that the conflicting patterns in our society make adequate personality development and socialization more necessary than ever before.

3. *Social planning must recognize that many of the supplements made necessary by the changing social structure have become substitutes.*—Despite the legitimacy of their early aims as supplements, the agencies have tended too often to divorce their activities from family living activities. The result has been further to isolate the individual from his family, and to destroy the family interrelationships which are productive of good personality development.

4. *Social planning must recognize that society has been careless in its interpretation to the family and to the agencies of the tasks each are expected to perform.*—This carelessness results very often in the family's failing to accept its own responsibilities, and the agency's developing vested, individualized self-interests. Thus a vicious spiral is initiated in which the family does less of its own job, shifts more of its own responsibility to the agencies willing to accept such responsibilities, and the agency offers, in turn, more and more opportunity for the family to release itself from its responsibilities.

5. *Social planning must consider immediate needs along with long-range needs.*—Immediate needs, however, must be viewed in the light of the basic, long-range needs of the social structure—the need for maintaining adequate family living patterns.

6. *Social planning must encompass the remedial and preventive aspects of the social services, but must also include the constructive functions of these services.*—The latter have too often been neglected in the face of pressures to do the immediate services of alleviation and remediation.

7. *Social planning must consider the shifting patterns of responsibility for social action.*—As the public agencies assume responsibilities formerly discharged by private agencies, new freedom for social action is granted to the private agencies. Rigid patterns of service are, therefore, no longer imposed upon these private agencies, and social planning can move more freely into newly determined areas of need.

To assist the agencies, a series of questions was prepared as guides for the evaluation of the agencies' programs. It was not an extensive list, but of sufficient breadth to arouse the interest of both board and staff members. The findings and questions constituted a challenge to all organizations to review their services in light of these conclusions, a challenge that was not easily answered. Agencies began to realize that an individual could not be adequately served without taking into account his interrelationship and interdependence with his family. Many organizations in all functional fields began to realize that their services had become so specialized that they had virtually atomized the family. The meeting of the immediate needs of the individual, as an individual, had been so stressed as to exclude in essence his integration with his family, both for present and future needs. They became aware of the effect of the changes in economic and social conditions that resulted in the loss or transfer of some of the responsibilities and functions that families had previously discharged. They discovered also that many families were only too willing to transfer their responsibilities, and were aghast when they eventually realized that, in their anxiety to supplement the family, the social agency, the church, and the school had permitted their help to become a substitute for family responsibility and function.

The Rochester project has not been completed, and therefore only a few impressions can be noted at this time. Actually, the report has made little impression on some agencies, due to mistakes made in its presentation to the agencies and to the inertia of some organizations lacking imagination and a community service point of view. Some agencies work primarily toward goals highly specialized in terms of their own philosophies. It is too early to evaluate the total results of this philosophical approach, but the results to date are encouraging.

An outstanding feature of this project has been the deep interest and continuing participation by laymen. Uninhibited by the necessity of meeting day-to-day pressures and trends, they have found a role

much to their liking. Their interest has been revitalized; they are beginning to clarify the objectives of their individual organizations and the roles they should play in the total community program. The exchange of ideas between board and staff members has built a new springboard for mutual understanding and coöperative effort. Many puzzling situations have been brought to light, and a clearer idea of their responsibilities as well as those of their organizations has come into being. Some were confused as to whether their agencies were confining their efforts to supplementation of families or whether they had become surrogates. This uncertainty has put board members and staff workers on the alert, and they are undergoing an enjoyable struggle to determine the true functions of their agencies. It has been interesting to witness board and staff members weigh present and projected activities, to the end that they may channel their efforts in so far as possible into the general framework of the proposed objective. While there has been no uniform action by the agencies or by the functional groups, changes are discernible in the public and private family and child welfare agencies, health, welfare, and social group work organizations, and those serving the aging and handicapped population. They are gradually nearing the point where it seems likely that a shoulder-to-shoulder effort will be guided by a common community aim.

Space prohibits a report from the various organizations, but it is gratifying to note a statement made by the board of a day care center in its report to the Central Planning Section:

We have been helped to clarify our major objective as that of strengthening and preserving family life. This new concept of our purpose will give direction to all phases of our work and will be reflected in our approach to certain of its aspects.

1. Our casework with individual parents will encompass not only a sound basis for accepting a child for care, but continuing responsibility for helping parents overcome the problem which has made the child's care necessary.

2. Our teacher's day-by-day contacts with the child and his parents will be guided by understanding of the family problem and geared toward the parents' sharing of the child's daily experiences in nursery school. In the phases of nursery care which duplicate functions in the home she will be alert to the inherent danger of our becoming a substitute for the parents and the home.

3. Parents will be expected to participate in group meetings with

teachers and other parents. Such contacts provide another channel for strengthening the parents in their responsibility and for helping them grow in understanding of their child's needs.

We believe the changes in our philosophy will bring about a more valuable quality of day nursery service and that we can and will effect certain changes within the limits of our present resources.

Surely, if an agency sees the need for revamping its services in light of an acceptable philosophy such as has been proposed, the development of this social philosophy has been an effective bit of planning. Is it not significant that an agency reported:

We have recognized that an honest appraisal of the philosophy on which our work is based and the actual practices through which the philosophy is being carried out is the only approach to this challenge which will have true value to us and the community which we are trying to serve. We find that sometimes there is a variance between our ideals and practices. Some of this difference is due to long-established patterns of work, some to lack of means to reach our goals.

These are but glimpses of the types of reports that the agencies have made after examining their work as it relates to the developing philosophy. In general, their reactions might be summed up as follows:

1. There is a new or renewed focus of agency thinking upon the collective family, with the strengthened realization that the individual must be served as a part of a larger whole.

2. There seems also to be a recognition that many organizations have approached problems of human need with too little realization that their specialized services should be offered in partnership with other specialized services. Good social work is teamwork.

3. There seems to be emerging a realization that agencies are secondary to human relationships, and that they must subjugate their individual interests in problems as such for interest in the ultimate consumer, the person in his family.

"Supplement or substitute" has caught popular fancy, and apparently has meaning for both laymen and professional workers. The total program in Rochester has not been fully revamped, but there are innumerable indications of orientation in agencies' programs to the central theme of more united action in a common community aim.

Blame should not be placed upon the agencies for not working out a common goal as a basis for long-range planning. They are continu-

ally harassed to meet immediate and pressing needs; a single agency is in no position to provide the coördination for services required for this undertaking. The fault lies with those of us who sit in swivel chairs, directing our energies in the main to divisions of labor, coördination of programs, and, above all, to drives for more and bigger budgets. We have not only failed to suggest the necessity of a community objective, but we have failed to blaze the way for the agencies to establish together a common aim. It may well be that we are not accustomed to new ideas, especially if they do not have the exactness of a formula. Possibly we have been too judicial and have failed to exercise our imagination. We could all profit by studying Alex Osborn's *Your Creative Power*, a book strongly recommended to all those seeking new patterns and procedures.

If a community aim is evolved and generally accepted by the agencies, it would then be logical to open a second front. With the community aim as a guidepost, the financial requirements for the translation of plans into action could be determined. Changes must be made slowly if confusion and chaos in our services are to be averted. However, the direction in which the community program is to move must be clearly established. The program cannot be fixed or static; it must be continually reviewed in order to meet new needs arising from changing conditions. To improve service and to put our financial resources to best use, courageous action will be required if services of diminishing importance are to be eliminated. Communities cannot continue to build financial superstructure upon superstructure without endangering the stability of our social work ship. Remodeling, renovation, demolition, may be indicated. As a first step in financial long-range planning, regardless of the funds that may be available, we should attempt to make our progress by refinement rather than by expansion.

The Rochester experience would indicate that there is no short-cut to the philosophical approach for long-range planning. Many words will be uttered, many reports will be written, much time will be consumed in contemplation. Both the central planning body and the operating agencies will require opportunity for sufficient exploration, if ultimate conviction is to be had. This approach does not have all the answers, but firm convictions growing out of personal experiences or prejudices will be gradually molded into community acceptance of

the common objective for our health, welfare, and recreational services.

There is no doubt that communities must undertake long-range planning. Obviously, each community will need to determine its own approach through its own explorations to the end that the common goal agreed upon is suited to its particular needs. There is no universal matrix; each community must mold its own common aim. The task will not be easy, but if steadfastly carried on, the community is certain to have an interesting and constructive experience.

This has been an exciting adventure in taking the first steps in community social planning and action. When we have found an acceptable common denominator we can then begin to calculate the numerators for intensity and scope of service.

Legislative Procedures and Problems in a Community Welfare Council

By SYDNEY B. MARKEY

IN DISCUSSING legislative procedures and problems in a central social planning agency called a council, it is essential to point out the existence of several varieties of council. Two forms will be used to illustrate. One is the council of social agencies; the other is the community welfare council. Both engage in legislative action. Yet in their basic philosophies are found differences contributing to confusion in assigning a role to the central social planning organization for legislative work.

The orthodox council of social agencies regards itself as a federation of social agencies, believing itself unable to act without unanimous consent of its member agencies. Proposals affecting the total welfare of the community require a chain of considerations, from action by the boards of individual agencies, through committees in the divisional delegate groups, to the council's executive and board bodies, before movement is forthcoming.

The progressive community welfare council sees itself as the vehicle through which all forces interested in welfare services act together. Its membership includes not only representatives of public and private agencies, but also representatives of civic, business, labor, and religious organizations and some individual lay leaders. It can proceed on broad issues in the name of the community's welfare council.

Between the two types are found many variations. There are councils of social agencies which have broadened their basis of membership to approach the type of community welfare council just described. They have demonstrated community acceptance of their judgment and act with confidence on legislative matters. Others have successfully defined areas of council competency to include legislative action without consent by each member agency. Undoubtedly, many more varieties could be described.

The point to be made, however, is a clear one. A council which regards itself as a federation requiring unanimous consent of member agencies develops quite different procedures and experiences decidedly different problems in dealing with legislation than does a council which is the genuine spokesman for a broad cross section of community welfare forces. This dissimilarity in make-up of a council is a reason for marked variation in dealing with matters of legislation. The federative council can be said to be correctly following its mandate when, as stated by the executive of one, "direct legislative action on the part of the council as a corporate entity is not in harmony with the philosophy of our organization." The community council which has by-laws establishing a legislative committee with powers to "study, investigate, and interpret statutes and ordinances or proposed legislation having effect upon charitable, health, educational or welfare activities" is projected into the legislative activity by deliberate design.

What must be recognized is the difference in community concepts which dictated the role which the given social planning organization plays in legislative matters.

What, then, are the procedures followed and problems experienced by the types of central planning organization portrayed in this discussion? Two sources were used for information. The first was an inquiry made by Community Chests and Councils of America in April, 1946. It sought to learn of legislative policies among councils and received replies from twenty-four cities across the country. The second was an inquiry which I made in February, 1949. Seventeen cities scattered throughout the nation, with a population range of 100,000 to 2,500,000, were contacted regarding their experiences in legislative action.

Several observations are drawn from these two inquiries. The first is that only a few councils have clearly stated constitutional authority and by-law implementation for work on legislative matters. This in itself poses a major problem. Some councils state that this mandates no activity in legislative work. Others seek devious means to speak out and maintain safeguards of unanimity in the community and approval by the council's board of directors before taking a public stand. In some instances, the right of a functional division to speak on legislative issues within its field is granted by councils which stress certain freedoms for divisional planning. A few go as far as preparing information on legislative issues, disseminating arguments for and against, and

leaving action to the judgment of the individual federated member agencies.

The absence of stated authority for a council to engage in action regarding legislative proposals is a criterion of the role assigned to the central planning organization. The responsibility of social workers, social agencies, councils of social agencies, and community welfare councils for removing causes of human ills is certainly not debatable. The *Proceedings* of the National Conference of Social Work are replete with challenges for social forces to act. Councils do know the power which legislative halls wield in shaping the destiny of welfare programs.

A council which is unable to develop competency in dealing with legislative proposals because the right to do so is denied it cannot be regarded as the spokesman of health and welfare planning in its community. There is a positive value to engaging in legislative action which councils should want to possess. A phrase found in the stated purpose of many councils is "improving the health and welfare of the community." Are there more potent ways to implement such a significant purpose than aggressive action in the vital field of legislation? Demonstration of the right, readiness, and ability to do so is essential today to achieve public recognition of the brand of community health and welfare planning with which all councils are seeking to be identified.

A second observation is that councils are still seeking to develop workable machinery through which to consider legislative matters. In several instances the involved procedure almost defeats the purpose. Recognition can be given to the democratic process without developing encumbrances which slow down action when critically needed. Traceable are two elements—the lack of recognition of legislative considerations as a year-around program, and the control exercised by a board of directors unwilling to displease an element of the community. The latter is particularly true where legislative action is scrutinized by a chest board whose concern is mainly with the effects on certain contributors. The former plagues councils in state capitols which attempt to cope with biennial meetings of the legislature without staff and citizen preparation requiring studied and time-consuming planning.

A particularly thorny problem is the matter of notifying members

of issues, securing points of view, informing them of plans, and enlisting the active support of their constituencies. These steps are essential in the social planning process. Those councils which report success in this effort stress two procedures: (1) Their legislative committees, while representative of many elements, have an executive group able to act in the name of the council without committee or board approval when the situation warrants. (2) Long before legislative sessions, and all through them, information is furnished members on proposals. Many channels are used, such as meetings, bulletins, and even telegrams; at moments of decisiveness the degree of confidence in the legislative committee's tactics may determine the fate of an issue.

The techniques required to implement legislative action present a third point deserving comment. It is at the point of doing something about proposals that the realities of the political arena produce panic among some councils. As a result, many avoid the follow-through which is essential. Having been given the right to speak for or against an issue, letter writing or buttonholing a legislator is too frequently the only method used. Too few have developed plans for carry-through, whether on local, state, or national levels. Many councils exhibit marked immaturity when it comes to the rough-and-tumble of politics.

Techniques to deal with legislative bodies are being developed. This is one of the most hopeful signs in the past decade of centralized social planning history. Instruments such as state conferences or councils, national representatives with offices in Washington, or local committees which know all the doors at the city hall or county court house, are appearing. They serve to provide real tools with which to make the voices of the councils heard.

Besides the merit of demonstrating ability to do more than talk about legislative matters, councils which are developing such know-how are achieving a status of citizen participation and acceptance essential to the centralized social planning movement. The rough-and-tumble of politics is an excellent means of acquiring earthiness.

The gains made in developing what has been called "instruments" (a more polite word than "lobbies") come from learning how to work with other groups and individuals. When these gains are acquired in the political arena, councils find themselves with a host of new friends

—friends who can remain lasting ones offering new support and understanding which the council movement welcomes. Admittedly, a few enemies are also made; but they respect the council for the courage of conviction shown and accept the existence of an organized social planning movement.

Working with groups whose acquaintance is developed through legislative effort can be regarded as a solid achievement. The ability to become part of the total citizenry in a vital movement is an accomplishment when the League of Women Voters, the Bankers' Association, the Anti-Saloon League, the American Legion, or any one of a dozen other organizations may individually or collectively join with a council on behalf of legislative action.

The achievement of moving the conference table from the ivory tower of the council and using it to gain both social action results and new friends via the environs of legislative halls is evidence of maturity for the social planning movement. Council executives have even been heard to say, "My best friends are lobbyists"—and mean it!

A fourth observation deals with problems experienced by councils described as using the "shotgun" approach to the legislative field. These councils attempt to act on many issues, local, state, national, and international in scope. The intent may be sound, but the results are negative. Practically, a local council does not have the strength to tackle more than one or two issues at a time. These must be carefully selected, fully planned, and shepherded with all the skill the council and its friends can command.

The council which appears in a legislative hall with a fist full of proposals, all labeled as "musts," soon learns that this is no way to make friends among organizations with which they must work. "Calling your shots" and "knocking off one ball at a time," to use the vernacular of the billiard room, also apply in legislative halls.

While there are relatively few councils attempting to speak on many issues simultaneously, the negative effect of these efforts has been used by opponents of participation in legislation as a battle cry. It is of some interest to observe how quickly the exponents of "hands off" in legislative matters can relate disastrous experiences elsewhere on the basis of partial facts passed to them by business or professional associates and attempt to use this to deter local action.

One of the most frequently heard indictments against legislative

activity is that it jeopardizes the internal revenue tax exemption status of gifts to social agencies. There have been several well-publicized instances in the past few years. I am no expert on tax laws, but careful review of currently recorded instances in which participation in legislative action was debated on the basis of jeopardization of tax exemption status failed to reveal a single instance where a local community was challenged by Federal authorities. The internal revenue code uses the term "no substantial part" to describe the amount of charitable funds which can be used for influencing legislation. Even the councils most active in legislative fields cannot be accused of approaching substantial expenditures in this behalf.

The significance of the tax-exemption argument lies in the reasons behind it. Those who use it are challenging the right of councils to be interested in causative factors creating welfare needs. This is the real question to be discussed. Councils experiencing the challenge of tax-exemption status must frankly face the more basic question of the right to participate in legislation.

On the other hand, there is some evidence which points to the use of the tax-exemption question to bring out other factors of dissatisfaction in the council's legislative program. Herein lies a fifth observation. It may be factors like the use of the "shotgun" technique, the inadequacy of follow-through or poor public relations in legislative halls, failure to carry agencies along as a program unfolds, or simply pushing faster than the community's ability to absorb, that lie behind the expression on tax exemption. When these are experienced, a council would do well to take stock of its legislative program, including in the study some of the leaders of the opposition.

Two examples of effective work are found in the Cleveland and Pittsburgh councils' programs. Their constitutions clearly state responsibility for legislation affecting health and welfare. Committees responsible for the programs make recommendations to their boards of directors. In Cleveland, the legislative committee may act without board approval under certain circumstances. Both councils receive suggestions from all groups within the council. In addition to action which their legislative committees may take, they inform members of current developments in a variety of ways. Pittsburgh issues a weekly bulletin; Cleveland writes member organizations asking for active support.

One of the most important tools, which both cities use, is a close working relationship with the state-wide organization. Both the Ohio Institute and the Public Charities Association of Pennsylvania are in position to affect legislation before introduction. State-wide organizations composed of citizens interested in public programs in the fields of health and welfare are essential to give meaning and direction to the legislative programs of the many councils in their geographic areas. A state-wide organization becomes recognized for the expertness which it possesses as well as the influences it represents; its technical knowledge is sought by those responsible for the drafting of health and welfare legislation.

While both cities consider many local, state, and national proposals, these are carefully screened, resulting in selection of a few vital measures. The decision on what is vital depends upon local interests. The Cleveland program in one year dealt with broadening coverage of old age and survivors insurance, liberalizing the Displaced Persons Act, and the Public Housing bill. These were all Federal measures. Pittsburgh acted on state measures affecting alien eligibility for public assistance, licensing of nurses, a children's camp, and a program for alcoholics. All the resources of the councils are thrown behind the selected measure. In addition to using the techniques described earlier, Cleveland calls together representatives of local organizations, such as women's clubs or real estate groups, to enlist support.

The practice of follow-through, frequently requiring several years, is reported as necessary technique. Pittsburgh reports that after a number of years it has been successful only now in securing introduction of an amendment to the public assistance law making aliens eligible for general assistance. Passage was still to be achieved.

These brief illustrations indicate that legislative programs are serious undertakings. Both councils admit having a great deal to learn. Their experiences show that a council cannot lightly decide to engage in a legislative program. Indeed, legislative work requires the conviction of many people if it is to be engaged in. Where it is practiced, staff and committee time are required for study, refinement, and evaluation of experiences.

One form of evaluation should be a tallying of results. Councils know how few are the tangible achievements to which they can point. On some legislative achievements, strategy indicates disclaim of responsibility as a sound move. But for its own use, a council should

know what has happened to the legislative matters for which it has declared. The point is raised as a question regarding procedure, since very few of the seventeen cities replying to my inquiry furnished a tally of what had happened to legislation they had been interested in during the past five years.

Legislation, to be acceptable, must be tinged with popular approval. Popular acceptance can be bred by the persons sponsoring legislation. Social legislation which generally points its finger at something needing correction offends people who prefer to support corrective measures overseas while shutting their eyes to requirements at home. The task, therefore, of first taking a stand on behalf of social legislation, and then presenting it so as to have public acceptance is neither popular nor easy.

Social workers carry the reputation of do-gooders projecting social legislation which disturbs the guilt feelings of local benefactors. Why social workers are unpopular is another subject. But the facts are admissible that with the nature of social legislation being what it is, and with appreciation of the work of social workers standing where it does, there exists a basis for understanding why trials and tribulations go with council efforts in legislative action.

The several problems which councils report in legislative procedure are to be regarded as positive learning experiences to be cheerfully viewed. They are symptomatic of growth, of facing realities in a democratic system where conflict of ideas is a way of life. Councils practicing with the other segments of society to be found in legislative halls are showing their worth. They earn, thereby, the right to speak as the health and welfare planning authority of their community.

It is my belief that this last point is the summary of my observations. A council which professes to be an over-all body concerned with health and welfare needs cannot stay out of the legislative field. To do so is to deny the realities of today's living in urban communities. The degree to which participation is engaged in is another matter. That is guided by local concepts and maturity of thinking for health and welfare planning. Whether the council is a federation of social agencies with circumscribed efforts at legislation, or a broadly based community welfare council mandated to legislative work, it will experience problems. The problems are not to be shunned. They should be welcomed for what they offer the council movement in its effort to discharge its obligations in building a successful democratic society.



PART THREE
PRACTICE



Generic Aspects of Specific Settings

By HELEN HARRIS PERLMAN

SOME TIME AGO a young student presented himself for his final oral examination at the University of Chicago's School of Social Service Administration, looking, as any of us would at such a moment, his most professional self. He was asked to discuss some aspect of social work of particular interest to him. "I," said the student, "am psychiatric." We knew in that same instant, of course, that he *felt* "psychiatric," as any of us might, facing an examination, and that what he meant to say was that his special interest was in psychiatric social work, and so the examination went forward without further ado.

This student's slip of speech served a purpose. It presented in sudden, bold outline a problem of which the faculty had been uncomfortably aware for some time and upon which we had been working. It is the problem of the neophyte's and the experienced practitioner's identification of himself, not with the profession of which he is a member, but primarily with the place in which he works or in which he once had training. It is the problem of the generic and the specific and their relation to one another. In its narrowest sense it may be seen as a problem of preparation and teaching in a school of social work, but in its broadest implications it is the problem first voiced some twenty years ago by the Milford conference, as to whether social work is to be an "aggregate of specialties" or a unified profession.

Within the last four years, freed momentarily of the tensional activity which the war thrust upon us, the profession of social work has had the breathing space to stop and take stock of itself. Like all growing and flourishing organisms, our profession experiences growth as an active forward thrust followed by a quiet, latent period in which certain consolidations and integrations take place. We are in such a period now, and our search is for our wholeness again. There are various indications of this. The schools of social work through their joint curriculum committee have been factoring out the generic elements in casework knowledge and skill which transcend specializations.

Faculties of individual schools and in joint conference have been seeking the common denominators of social work method whether found in casework, research, social group work, or community organization. Now from the American Association of Social Workers comes the call to the various specialty organizations to consider merger of all into one.

The student who was "psychiatric," the search for sound preparation of students by a school of social work, the ferment in the field of practice, all these led to the development of this paper. It is motivated by a wish to find greater unity in our profession, and by concern that our growth should be sound and strong. It has limited import in that it considers only social casework practice, and it is further limited in that it proposes only one basic idea as a means to the achievement of further unity. Its promise is that the special settings in which casework is practiced—medical, psychiatric, family, children's, court, school—these settings which have been assumed to create the chief element of "specialness" or separateness in casework practice, may be found, on careful analysis, to have many common, generic elements among them.¹ If this is so, it may have considerable significance for the broadening of the generic base of our profession.

I think there is agreement that there are certain elements basic and generic to all social casework wherever it is practiced. They may be formulated as these:²

1. A philosophy which sees human welfare as both the purpose and the test of social policy
2. A professional attitude which combines a scientific spirit with dedication to the people and purposes one serves
3. A knowledge of the major dynamic forces in human beings and the interaction between them and social forces
4. A knowledge of methods and skills whereby the person with professional intent and understanding can help persons with social problems better utilize their own powers or opportunities in their social situations

¹ The writer formulated this problem and presented it in the School of Social Service Administration's report to the A.A.S.W. Curriculum Committee in November, 1947. It was incorporated into the summary report made by that committee's chairman, Florence Day.

² Formulated by members of the Curriculum Committee of the School of Social Service Administration, University of Chicago.

This is the content of social casework which is our common property, held in greater or lesser degree by each of us, our generic base. Now this professional equipment is taken by each of us, not into the "field of social casework" as we so often carelessly say, but rather into a special kind of agency which uses the social casework method as a primary or secondary way of rendering its services. We go into specific settings. This is where our separation and difference from one another begin. What is the nature of this difference or this separateness which the setting creates? Is it more apparent than real? Is everything different in each social welfare setting? Or is it possible that for all the surface variations greater likeness than difference may be found? Ask a psychiatric social worker to say what is "different" about the psychiatric setting. "The team," she will probably say, "the clinical team." Now the medical social worker: "The doctor," she will probably say, "the medical authority." Now the family caseworker: She will not be so ready and therefore she will probably begin with one of those half-circle gestures which in social work means "Oh, just everything. It's all so unclear." And that will probably be the truest answer—it is indeed unclear. Because the fact is, we have not factored out from the various settings in which social caseworkers operate what the specific nature of their differences is. We have maintained certain stereotypes of phrase and concept about settings which often do not truly describe or embody the actual operating units.

Neither in schools of social work nor in the field of practice have we tackled the possibility that among the varied settings in which social casework operates there may be certain common characteristics. Were these analyzed we might have to add to our body of knowledge and skill about human beings and their behavior a sum of knowledge and understanding of the social welfare agency itself, its general characteristics, its general modes of operation, and the ways in which it affects the content and method of its casework services. We have extracted and formulated general concepts and principles about the dynamic phenomena of human behavior—and what could be more complex! We have formulated principles governing the methods by which people can be helped. We have yet to analyze and classify, to learn and then to teach, the generic aspects of specific settings.

One point must be made clear: None of this says that all settings are alike, any more than we would say that all people are alike.

There are differences in structure, function, and means by which function is implemented. But just as we come to know individual human difference only as we first understand the general characteristics, attributes, and adjustments of people as a whole, so we will come to know true differences among settings only as we first understand their likenesses. Difference can be established only if there are some comparable generic roots of likeness; difference is from likeness, and it can only be understood by comparison.

And now to some illustration of this thesis: We took the first steps toward testing this premise in the casework faculty of the School of Social Service Administration when we placed before ourselves the possibility of developing a course in which students would learn to know and understand social agency settings as the bodies within which the life stream of casework operates. This will be a course given in the last quarter of the student's work. He will have studied through a sequence of cases in classes the casework helping process as it operates within and is affected by a variety of social agency settings, and he will have had actual field work experience in two different settings where casework is practiced. Our purpose will be to equip each student with a way by which he can readily and soundly transfer and orient himself to any setting he encounters, a way by which he can readily and soundly utilize the setting in the interests of the client, and, of greatest importance, perhaps, with a means of insuring his primary identification with the practice of social casework, wherever it is done. Our first effort was the attempt to classify the diversity of social agencies in our society. We arrived at two major categories of setting and then a major subcategory.

The first group we called "primary settings." The agencies within this group are the traditional social agencies. They are set up primarily to meet problems and needs of individual social adjustment. They use the method of social casework as the major means of administering their services. Family and child welfare agencies, whether under public or private auspices, are the typical representatives of these primary settings.

The second large grouping we called "secondary settings." These are agencies set up primarily to meet problems and needs of individual adjustment which call for professional services other than social work—medical or educational or legal. When the social aspects of

these medical, educational, legal, psychiatric needs are seen to be problematic, the social casework method is introduced as a means of facilitating the individual's use of the agency's basic service. Hospitals, clinics, courts, schools, are the typical representatives of these settings.

Both the primary and secondary settings have this in common: they are created for the promotion of individual human well-being and they utilize social casework as a means to that end. In the secondary setting, casework is used to help the individual make use of a service rendered by another professional group. One of the generic problems in the secondary setting, therefore, is the caseworker's maintenance of his own professional identity.

Now, within both the primary and secondary groupings is to be found a subgrouping, carrying certain common characteristics: This is the group of settings which are "living-in" situations—the correctional school, the mental hospital, the children's institution, the home for the aged—where the practice of social casework is decidedly affected, not only by whether the core service is a social welfare or other human welfare service, but also by the very fact of its occurring in an intramural and controlled environment.

It is possible that better or more useful classifications may be found. What is important for our purposes, however, is that there be classification, that some grouping of likenesses be made toward viewing the wholes as well as the parts. Immediately as we classify settings we can begin to test our assumptions about them. Current assumptions in casework practice are threefold:

1. Assumptions held about agency structure: It is commonly assumed, for example, that training in a psychiatric setting is a basic essential to working in such a setting because of its unique structure.
2. Assumptions held about working operations within these structures: It is commonly assumed, for example, that the necessity for the establishment of eligibility is peculiar to the public relief agency.
3. Assumptions held about certain casework problems thought to be the exclusive concern of given settings: It is commonly assumed, for example, that the component of authority is encountered only in coercive or protective settings.

As we begin to examine some of these assumptions as applied to primary, secondary, and "living-in" types of setting, we find that these assumptions do not hold, that there are a number of aspects of struc-

tural, functioning, and working problems which cut horizontally across settings and groups of settings. Within the limits of this paper I can exemplify only a few:

In relation to the generic aspects of agency structures, let us look at a typical situation in point. An average social caseworker with experience in a family casework agency is approached by the superintendent of schools and is asked to work in the school system to help with their problem children. Now, this family caseworker feels confident of her experience and skill in helping children and their parents, but she has a few qualms about leaving the safety island that was her own agency for an unknown setting. She is uneasy because she knows it will be different, but the trouble is that she does not know how or in what ways it will be different, she does not know how or where to begin to look for difference. What she needs, of course, is not six or twelve easy lessons in school social work. She needs some understanding of the generic factors in agency structures.

Now begins her period of trial and error, her period of seek-and-fumble orientation. As she sees crowds of children filing in and out of classrooms her mind paws the air frantically for some estimate of case load—what and who will constitute her case load? In School No. 1 the principal tells her to run out and discover why Tommy Jones is truanting. She feels resentful: she is not used to being told, she is used to being consulted; moreover, she is not used to going out to pick up recalcitrant clients. In School No. 2 she discusses a child's individual needs with a young and intelligent teacher and she is fixed with a glassy eye and told, "Listen, I've got to get forty kids through algebra by June 15." In School No. 3 she walks into the textbook storeroom which is by courtesy called her "office" and finds the school nurse reading one of her records. She is shocked by this lack of ethics, and the nurse is indignant at her reaction. As she hurries to discuss confidentiality with the principal she finds him severely lecturing a hostile parent whose coöperation she has been wooing. And in School No. 4 she learns that the assistant principal is furious because she was not consulted on the classroom changes suggested for Mary B. when curriculum problems are her particular area of expertness. Ours is, as you can see, a bewildered caseworker indeed, and she is just about to light a cigarette as an aid to rumination when she remembers that, for phys-

ical and moral safety purposes, smoking is not allowed in this setting.

Suppose she had been equipped, this caseworker, with some concepts about agency structure and function by which she could have been prepared to understand the agency to which she was going. One such concept with which she might have been armed is this: Every welfare agency, whether primary or secondary, is a community. No matter what its uniqueness there are within it certain common factors which are found in every community. One of these is that every community has a purpose, and it develops a structure and a form of organization by which to implement that purpose. Certain persons within every community carry certain given and known functions which are related to the community's primary purposes. Within those functions lie certain duties, certain authorities, certain responsibilities. Every community has certain mores and traditions and procedures which govern what is or is not done. And so on. In order to operate satisfactorily within a community the individual must take cognizance of these communal phenomena. Further, to be able to operate as a dynamic and effective instrument in the community's achieving of its fullest social usefulness the individual must have developed a systematic way by which to understand it.

By the same token, in order to operate within a welfare agency, which is a community of purpose, the social caseworker must recognize it not simply as a place that houses casework, but as a living body of social interest. In order to be able to operate dynamically and effectively as a part of it she must be equipped beforehand with a systematic way by which she can apply herself to understanding the agency's purposes, program, ways and means of functioning, and thence to taking part in the best fulfillment of its purpose.

Had she been schooled in this one generic concept, our unhappy colleague might have entered this specific school setting more happily for herself and more successfully for the purpose she was to fulfill. She would have asked herself what a school is for and how its purpose is different from that of a family agency; she would recognize that with its different purpose its focus, means, and interests would be related to that primary purpose. She would seek for the relationship between its primary purpose of education and its use of a social caseworker. She would recognize levels of authority and responsibility vested in

certain persons, and her dealing with these persons would be based on understanding, not simply the person, *per se*, but, if you will, the particular role placed upon the person by the setting.

Once an agency is understood as a living community one can turn to observe the functioning within it. Thus I turn to a consideration of the second assumption; that is, that certain settings require particular ways of operation on the part of the social caseworker and that they can be learned only in these specific settings.

We would agree that in every setting, primary or secondary, intra- or extramural, the social caseworker is charged with the effective utilization of herself in working relationships with other persons. This concept is most familiar to us when we call it "teamwork relationship." As soon as we put it into that familiar phrase we recognize that we usually think of "team" as operating in a clinical, and most often a psychiatric, setting. Is teamwork specific to the psychiatric setting? Or is it—perhaps one should say, can it be—a basic way of operation in all social casework settings?

In the psychiatric clinic the psychiatric social worker is in a continuous teamwork relationship with psychiatrist and psychologist. In the medical setting the medical social worker is in constant team coöperation with doctor, nurse, dietitian, or any one or another of the professional persons whose services are bent to the individual patient's need. In the public school the social caseworker operates together with principal, teacher, and other school functionaries. In the institution for children the social caseworker is teamed with house parent, teachers, or maintenance persons who affect the child's life. Even in the family agency, about which there is so often the assumption that the caseworker plays a sole part, the team relationship is present though not always recognized. It exists between caseworker and supervisor, between caseworker and home economist, consultant-psychiatrist, or any other persons whose services are being used, together with the caseworker's, toward meeting the client's needs.

To say that the teamwork relationship is generic to all social casework settings is not, however, to say that it is exactly alike in all settings. It may be different by a number of characteristics. In one setting it may be a well-established pattern of continuing and fairly fixed operations in which the role of each participant is clearly defined; in another setting it may involve short-time, frequently shifting relation-

ships between the social caseworker and other agency persons; in one setting the social caseworker may be at the center of the team; in another he may be in one of several auxiliary positions; and in a third he may be in equal partnership. But those differences are not differences of the essential essence of teamwork; they are rather varied patternings of the same kind of relationship. The generic characteristics of all teamwork, in whatever setting, are these: (1) A common or joint goal is held by the persons working together. (2) These persons have come together because each has a special knowledge or skill or role in relation to the achievement of this common goal; that is, differing functions and ways of functioning are brought together for the joint purpose, and the team members must be clear about and respect the particular values which lie in those differences. (3) Toward forming and maintaining coöperation among these several functionaries the social caseworker carries particular responsibility for the disciplined use of her understanding and of her ability to facilitate productive working relationships.

All settings, then, require teamwork on the part of the social caseworker, some consistently, some sporadically, some with roles fixed, others with roles shifting. The understanding of that working relationship, the attitude toward it, and the skills in management of it are basic and generic and need, therefore, to be part of every caseworker's professional equipment.

A third assumption I propose to examine is that certain problems in casework functioning are encountered only in certain settings and that, therefore, caseworkers must be trained in the particular setting where those problems most frequently occur. This assumption is only partially valid, I believe. It would be absurd to deny that some problems occur with greater frequency and consistency in some settings, by virtue of their special nature, than in others. We have tended to overlook, however, that these problems often are to be found in like kind, though in greater or lesser degree, in like settings. Look, for example, at the problem known in the child welfare field as "separation." Like any unmanageable problem for the client, it becomes a problem of management for the caseworker. It becomes, for the caseworker, a problem of understanding and helping people to deal with the emotional complex of leaving the known and going to the unknown. The child care field isolated, studied, and dealt with this problem which

they have known intimately. Now "separation" begins to be spoken of as though it were spelled with a capital "S," and were a problem exclusive to the child welfare setting. But is it? Look at the clients in the "living-in" settings. The old woman who enters a home for the aged, the father with tuberculosis who goes for a period of sanatorium care, the person who goes for state hospital treatment, the adolescent offender who enters a correctional school, the child entering a treatment institution—all these persons, for all their varied problems and differing resolutions, present one common problem to the caseworker, that of separation, that of helping to loosen old bonds and to anticipate and accept new ties. This means that the social caseworker in any setting which arranges for removal or the acceptance of the removed individual from his normal habitat to a protected environment is thrust into dealing with separation. It is a problem which is manifest in a whole grouping of agencies which, while they may have specific functions, have at the same time many generic aspects.

It is time now to ask, "What of it?" Suppose further inquiry and analysis show it to be true that the varied settings in which we work are more alike than unlike, and that common factors of both structure and functioning may be traced across them? Of what use is it?

If we start with the education and training of the student for the practice of casework, there is the possibility that he will be prepared not only, as he now is, with a way of understanding and helping people, but also with a way of understanding and effectively using whatever setting it is in which he will work. Even now he is taught that he is a representative of the agency which hires him. A study of generic factors in settings will provide him the means by which fully to understand that which he represents. To become habituated to a given setting is not to understand it, nor does merely falling in with the way an agency operates enable one to use its possibilities creatively or initiate changes within it.

With the means by which to understand settings, their related aspects and their effect upon practice made an articulated part of our professional knowledge, the casework practitioner will be more competent to move from one setting to another. The hiring agency may have assurance that the orientation process will be both more swift and more sound and that its function will not be distorted to fit some carried-over pattern. There will remain, of course, the fact that special

knowledge will be necessary for special areas of practice, but this will not be confused, as it is today, with the idea that the caseworker should have been trained in a special milieu.

A third possibility arising from the factoring out of generic elements in settings seems to be of particular import. This is the possibility that it may lead to a real clarification of the essential nature of specialty in our practice. We have tended to take for granted that all casework practice within a given setting is a specialty; that is, the setting has been equated with the specialty. This is a loose conception and a dangerous one. It is responsible for the social caseworker's loss of professional identity, for the not uncommon phenomenon of the social worker turned handmaiden to other professions. True specialization, and by that I mean concentrated and experimental work upon certain problems or aspects of practice, can only occur when those problems or aspects have been isolated for purposes of differentiation and ramification. To have carved them out and differentiated them means that they have been separated from those other problems and principles of practice which have been established as generic, as the basic property of the whole profession.

And now we are back to the point at which we started, to the consideration of whether our profession shall be an aggregate of specialties or unified and whole. This is a problem, but it is difficult only when we make it so. We make it an obstructive problem when we jealously guard specialty from the encroachments of general practice, or when, on the other hand, we assume that everything is equal to everything else. We make it a divisive problem when we pose "generic" against "specific," as if one existed versus the other. Perhaps we need to restate the essential characteristics of growth and development:

"In evolution," said the scientist Sir Walter Langdon-Brown, "there are two parallel processes—increasing division of labor and increasing coördination between the different parts."³ I believe this holds true, not alone for the evolution and development of biological units, but also for social units. It holds as well for the evolution and development of a profession. The process of the increasing division of labor is the process of specialization; the process of increasing coördination is the process whereby the specialization feeds back into the corporate body.

³ Quoted by Wayne McMillen in *Community Organization for Social Welfare* (Chicago: University of Chicago Press, 1945), p. 52.

The corporate body is strengthened and deepened and broadened thereby. And from this greater broadening and deepening of our knowledge and skills, nourishment is provided for new experiments with difference. A specialty has no life of its own; it cannot wall itself off from its basic ground roots without courting sterility and fragmentation. At intervals it must seek its points of integration with the total body, both to incorporate and to give nourishment. Ours is not a problem, then, of oneness versus separateness, of wholes versus parts, of generic versus specific. It is a problem of recognizing that these are parallel aspects of our professional development. With this recognition we must bend our understanding and effort both to hastening and making sound our growth. Our search must constantly be, then, the search for our basic unities. Only as these are found and taken hold of vigorously can we thrust forward into practice and experimentation with our different labors. The search for the generic aspects among the specific settings in which casework is practiced may serve in a small way to expand and deepen our base of professional unity.

The Fundamentals of Casework in a Two-Year Curriculum

By GRACE WHITE

THE PROBLEM in teaching casework is to give the student transferable knowledge that will be useful in any case situation. To arrive at the basic content of a two-year casework sequence, a faculty must agree on the fundamentals: what the caseworker must know; what she must be able to do; what are sound attitudes. The casework content must be shared by class and field. There seems to be no valid distinction between what content should be taught in the classroom or in the field; the differences are in emphasis and teaching methods. Since casework is always practiced in relation to a specific setting, we have no generic casework practice, but we do have basic or generic elements of casework which are applicable to all settings.

The student is taught basic concepts and techniques, but he must learn the application of these to practice. He is helped to analyze, he is given information; he is encouraged to read, and to reflect. He is exposed to cases illustrating skilled practice but he must achieve his own skill. He must be helped to achieve desirable attitudes. He must involve himself in the learning process. Increasingly aware of his need to employ casework techniques, he often becomes like the centipede which got tangled up when it tried to figure out which leg it moved first. The student may insist that "being himself" and using common sense in handling problems help him more than theory. But the need to be professional persists, and he may go through periods when the professional self is split off from the personal self. The teacher must help repair the split between his professional and personal self and permit the naturalness which will allow him to function while a firm grounding in the basic concepts and techniques is taking place.

The casework faculty of the New York School of Social Work ¹

¹ This paper is based on material formulated by the faculty of the New York School of Social Work, but the writer is responsible for the selection and interpretation presented in this paper.

found it helpful to set down the underlying concepts of social casework which are considered basic regardless of specialized approaches in teaching. These concepts are not taught per se; rather they pervade the teaching and are for us the essence of sound professional attitudes and a sound professional approach.

The essential value of the individual, the value in a constructive society of self-determination and self-fulfillment, and the value of self-help and participation by the individual and the group in the individual's own purposes and destiny are three concepts that most students accept readily in a superficial way, but considerable discussion of the application of these concepts is needed before the meaning is grasped. The essential dignity of all human need challenges the student to examine his attitudes toward all humans and all needs. His prejudices, lay attitudes toward persons, and his sense of values loom up to startle him and force him to examine the needs he had contemplated helping people meet. He is further challenged by the right to social assistance for one's need, particularly when he realizes that some needs are primarily selfish or that an individual has a history of lack of self-effort, ingratitude for services, or resistance to change. Students seem to accept readily responsibility of the agency community for maintaining interrelated and effective services for meeting social need. That there should be considered the balance among social needs, rights, and social responsibilities calls for rethinking time and again, particularly when the student is beginning to understand the importance to the individual of self-determination. The man with his individual needs and the man as husband and father present often a conflicting series of needs, rights, and responsibilities; so does the consideration of broader questions, such as recognition of the landlord's right to receive rent with the conflicting need of the individual to remain in his home, and the social responsibility for the taxpayers to supply the rent, even if the tenant will not work. The student must think through the interrelatedness of the client's feelings and his objective social situation with the recognition, on the one hand, of the responsibility for society to better the opportunities for each individual and remove handicaps and pressure; and on the other, the need for involvement of the person in immediate solutions for his problems. With this dawning recognition some students ask whether casework can hope to help people fast enough and whether more effort through

social action might bring more rapid social change and might, therefore, be the better way to serve. Recognition of the dynamics and significance of change in the individual, the group, and society is achieved slowly, more slowly than the idea that cause-and-effect relationships can be discovered in social problems. In connection with the latter, however, the student must grasp and be convinced of the multiple causation of problems. Insecurity in the learner is heightened by the fact that no two situations are alike; that problems have multiple causes; and that treatment must be individually considered.

Concurrent with the first casework courses, several courses are taken which help the student understand the nature of humans and their behavior and the ills that befall them. The interdependence of biological, psychological, and social factors in any situation, and the relatedness of the needs that they produce are shown again and again in case situations. The student learns that behavior is purposive—the struggle of the total person to meet his needs. Gradually, knowledge of cultural differences helps the student see beyond his own cultural pattern, and he achieves some acceptance of the values in the pluralism of cultural differences. Defense of rights in a democracy seems to come naturally to students, and acceptance of the basic civil, religious, and social rights seems to produce little challenge.

One of the most difficult concepts to comprehend is the significance of the professional relationship as the medium of helping another human being. From the first case and the first discussion of interviewing, the student is aware that relationship is that elusive but all-important something that he must achieve, but he often requires a long time to get the “feel” of using himself as the medium.

We consider that certain elements are common to all casework. Among these are the following: The diagnostic process is common to the handling of all cases. Relationship is an ingredient in the treatment of all cases. Individual and family dynamics, cultural factors, and the worker's attitude must be understood in all cases. The agency setting must always be taken into account. To some degree, the multidiscipline approach is appropriate to all settings. In the basic courses, case material is selected from various fields. An attempt is made to have these cases represent clients of all ages, various types of personality, and a wide variety of problem situations. By the end of the first year, a full range of problems, concepts, and techniques has been introduced.

Throughout the second year, the aim is to deepen the student's understanding and increase his ability to apply theory to practice.

The first year.—The first unit merits particular attention in planning and in teaching, not only because the basic concepts are introduced in this unit, but because the student is being introduced to a new way of learning as well as a new field of learning. The average undergraduate experience is that of taking in, using his intellectual faculties largely to comprehend and show in some ways what he has learned and what he makes of it intellectually. In learning to understand and work with social and individual dynamics, the student must not only take in the knowledge of these forces, but he must react to them, both intellectually and emotionally. He must be helped to be aware of his reactions and come to know himself in relation to his learning. He must come to know his thinking and feeling and the relation these will have on his doing. The first casework class should help him take an important step from being a lay person to being a professional person.

Another important aspect of the first unit is that the student's experiences in the field make him eager to learn more than he can absorb. The content of the theory course cannot parallel the experiences in the field for one nor for a group. Together, class and field constitute an effective learning experience. The student's need for learning more quickly never seems so great as in the first unit of training.

The educational objectives in the first year are summarized in three major aims: (1) to help the student develop a professional attitude toward people, clients, colleagues, and persons in the community; (2) to help him understand community and agency resources and the use of the professional relationship within the agency setting to give a social service; (3) to help him learn the essential processes of social casework practice. The first of three units comprising the first year sequence introduces a wide range of concepts, problems, and methods, but there is recognition that the beginning student will not comprehend all that is taught or discussed, and in a sense this is a period of exposure. The three major themes selected for emphasis in the first unit are: the client's need and the caseworker's function in helping the client meet his needs; the experience of need; the philosophy of rights and eligibility.

The subject matter includes a variety of social and individual prob-

lems which illustrate the range of human need. The cases show clearly the need for social services and the casework methods of helping clients meet these needs. Cases from a variety of settings are selected for the dual purpose of helping the students gain some awareness of the basic aspects of casework practice and some of the differentials inherent in the settings.

One of the specific subjects discussed is the determination of eligibility as a casework process. This subject permits focus on the experience of need, the worker's feelings toward clients and their needs, and the concepts of rights and social responsibility; it provides an excellent means for introducing fundamental concepts in casework practice. To bring out the meaning of asking for help a paper is assigned in which the student describes and analyzes a situation in which he was in the asking position, including discussion of how he felt about it.

The first unit introduces the component elements of the casework process (study, diagnosis, and treatment) and selected methods of meeting need, such as interviewing, mobilization of services, and ways in which the community is organized to give services. The student is helped to see the casework process in rather broad terms, but he is not expected to evaluate or analyze the methods and techniques in detail. Rather, he is asked to write short papers, based partially on his field work practice, which concentrate on interviewing, mobilization of strengths in the client, and use of resources in the community. He gets a beginning understanding of the diagnostic process through case discussion of the needs shown, of the persons who have the needs, and of the reactions manifested. The cases show rather well-defined causal factors, so that the student is given opportunity for practice in the analysis of cause-effect relationships.

The second unit of the first year extends the student's knowledge of social problems and social services. The materials and cases used are again representative of various types of problem, setting, personality, and service. In this unit, however, the focus and weighting are on the casework process and the central place of relationship in the casework process. After a broad introduction to casework in the first unit and some experience in the use of himself as a caseworker, the student is usually ready to grasp the basic techniques in casework. Impetus to his learning is provided by his recognition of the contrast between his performance and casework discussed in the literature and class. More than

before, the student wants detailed discussion of just how and why the worker did this or that. We recognize that he is yearning for more skill to replace his somewhat fumbling efforts with his own small case load.

In presenting the casework process, more exact terminology is used than in the first unit. The various parts of the casework process—social study, diagnosis, evaluation, and treatment—are presented as related elements in continuous process. The central place of the worker-client relationship is explored in discussion of each part of the process.

The four main types of social study are shown—social environmental, psychogenetic, functional, and the nonpatterned or "clue" approach. Attention is given to the need for flexible and appropriate methods of social study. Social study is seen to rest upon the current situation, the response of the client to the worker and the agency services, and the past history. The primary source of information is the verbalization of the client himself, but the role of collaterals, documentary evidence, and tests as supplementary information is also discussed.

Certain difficulties which impede the student's progress in social study are recurrent. Students are often disturbed by the ambivalence they see in persons, particularly when they begin to grasp the significance of feeling as facts as well as the more tangible facts. Students tend to jump too quickly to interpretation of the client's feelings, and they must be helped to describe more accurately the client and his feelings. They are helped to sort out relevant factors and to distinguish characteristic responses and patterns from situational responses. There is often a tendency to belittle or resist the need to know the environmental facts, and the student's feelings about the client's discomfort must be explored in relation to the student's own discomfort in asking questions and going through the process of clarification of the situation.

The diagnostic process is considered in terms of a professional opinion as to what is the matter. It is a consideration of the person-problem configuration at a particular time; a diagnosis is never considered final. The student is helped to see, as well as he can, what factors are now operating in the situation and to recognize that social causation is complex. The immediate situation is better understood if there is understanding of the interacting, immediate causal factors. Often

there will be value in considering the relation between immediate and more remote causes. Diagnosis, as a professional opinion, is distinguished from the client's explanation of what is the matter. This discussion leads to the tendency of the student to want to give the client insight about his problem, and exploration of whether insight for the client is a realistic goal. Distinction is made between the diagnostic and the evaluative process as two processes which are concurrent and complementary. Diagnosis and professional value judgments are also related to treatment. Students more easily make use of the evaluative process, through accrediting strengths and appraising weaknesses and trying to decide how well a person can get along or use the agency. It is much more difficult to think diagnostically.

Since the terminology used in the field in relation to treatment is confusing, an attempt is made to help the student understand the nature of: (1) practical social services, such as enabling and environmental manipulation; (2) educational or counseling services and clarification, such as helping the client make better choices; (3) supportive and experiential treatment and insight therapy, which may be components in the other two but which involve the maximum use of relationship. The student is helped to see that when the difficulty lies primarily in the client's environment, sufficient service may be given by making available the resources or services that will improve his situation and his adjustment to it. The casework process may have to go further, however, if the person has internalized some of his social, environmental problem and the conflict is within as well as without. With each of the possible types of treatment, the student is helped to see that the direction of casework treatment depends on study and diagnosis. The various types of treatment are all given value, and their interrelationship is shown, as well as their relation to eligibility, client choice, and client's ability to use help. The focus of treatment and the technical details involved in treatment are discussed and demonstrated, but not so fully as in the second-year units of the sequence.

By the third unit of the first year, the emphasis is definitely diagnostic, in clinical terms. Attention is turned toward the person who has the problem. The concepts of dynamics are discussed and illustrated, and the students are given exercise in thinking diagnostically. It is not expected that the student at this stage can or should make a clinical diagnosis. What is emphasized is that the social worker cannot treat

appropriately without understanding and that he must develop a habit of diagnostic thinking as a conscious process. The worker he is to become must make major decisions with regard to his treatment efforts. This unit provides clear demonstration of the clinical types shown in the psychiatric courses. The chief educational objective of this unit is to help the student adapt psychiatric principles to the casework process. Since the growth and development of the individual stem from childhood, this unit is chiefly concerned with children but includes also family diagnosis and adult problems in parent relationships. The students are helped to develop ability to diagnose different kinds of parent-child relationships and family interrelationships. Concepts of personality development are clarified. Some of the subjects discussed are: definition of the personality; the role of anxiety; stages of growth in psychosexual development; nature of defense mechanisms; nature and importance of fantasy life of the child; the effect of negative and positive environmental experiences on the development of personality. The importance of the developmental years is shown, and the interviewing method is again brought up in this connection through discussion of the taking of a developmental history. Throughout this unit, the stress is on the caseworker's use of his understanding of the dynamics of behavior.

With regard to treatment, emphasis is put on such aspects as: ways of effecting treatment through work with the parents to affect the child and ways of working directly with the child simultaneously with parents and the environment; problems and methods in direct work with children; use of separate workers for parent and child; use of play activity; teamwork with consultants.

The second year.—In the second year, all first year content is re-emphasized in various ways, on a more advanced level. Usually, the student has been placed for field work in a new setting, and it is assumed that the case load of the student will have increasingly more advanced problems and call for more advanced practice. The entire second year emphasizes use of oneself in the casework relationship and clarification of levels and goals in social treatment. The cases and materials used are more complex, the core problems are more clinical, and diagnostic thinking is constantly stressed.

The progression in the second year is largely a matter of extending and deepening the understanding of the concepts, the techniques, and

problems already introduced. The major topics are touched again and again on ever deeper levels. It is deemed appropriate to come back to such problems as relief and meaning of money, family relationships, problems of separation, eligibility for service, differential treatment. The second year units re-emphasize the normal social reality and practical solutions, as we must guard against preparing our students only for the complexities and leaving them less well prepared for the simplicities.

Because of the change in field setting, students are often more aware than before of the differences in settings. Emphasis is put on the clarification of the basic processes in the differential settings. Our current program provides three basic courses in the first year sequence and courses in casework in four specific settings in the second year. A curriculum change is now in the planning stage, and it is anticipated that the casework sequence will include three basic units the first year, election of one specific setting as the fourth unit, followed by two basic units. In this paper, the basic teaching in the second year is emphasized, and the deviations with regard to specific settings are not included.

The first unit of the second year seems a suitable time to stress the specialized and advanced techniques in specific settings, clarifying the effect of setting on practice. An educational objective is to make clear the most important conceptual characteristics of each setting and to help the student explore the subject of differential treatment. The boundaries and overlappings between the different fields working with psychosocial problems are explored, and the multidiscipline approach and teamwork are illustrated in many ways. The student is helped to think through his use of relationship with the client and with the other members of the team, and to explore the effect on practice of sharing in a triad relationship. He is helped to examine the values and implications, for the client and for himself as a professional worker, of the "two-worker case," both within his own agency and with other agencies or allied professional workers. He had been introduced to coöperative casework and the referral methods and problems in the first year, but in the second year, the dynamics of sharing cases are explored.

Throughout the second year, there is emphasis on different methods of casework treatment, irrespective of setting. Fairly complicated so-

cial and psychological factors in cases lend themselves to thorough diagnostic discussion, with emphasis on alternative goals and methods. Differential treatment was introduced in the first year, but in the most advanced unit the various treatment methods are explored more thoroughly. For example, in discussion of supportive treatment, the technical problems involved in interviewing are studied, since the interview is the chief medium of helping the person. Also, supportive treatment is seen in cases illustrating such diverse needs as those of patients suffering severe handicap or badly disabling diseases, the psychotic patient, the infantile mother with a problem child. The student is enabled to distinguish among supportive treatment, experiential treatment, and insight therapy. The use of each of these treatment methods is shown. Play activity with children is discussed in relation to the sick child undergoing separation and trauma in medical care, the emotionally disturbed child, and the child involved in a difficult family situation. By the end of the second-year sequence, the student has been helped to understand transference and countertransference, at least theoretically, even though he does not often show much ability to handle the transference situation in his field practice. The caseworker and client feeling and thinking together in treatment become more real to him. The class also explores the problems and techniques involved in maintaining good relationships under adverse circumstances, the use of limits in treatment, the use of authority without authoritativeness and firmness without punitiveness. Emphasis is put upon the accrediting and building of ego strengths, with discussion of ways to help build self-respect and self-acceptance, reduce feelings of inadequacy, guilt, and stigma. The values of accepting dependency needs when they exist are also reviewed and related to treatment methods and goals.

In this second year, more attention is given to positive use of agency policy and the possibilities and limitations of flexibility in policy. With the aim of helping the student see casework as part of the social work process, he is helped to see the need and the techniques for linking individual service and treatment with group and community methods and making the findings available as a basis for social action.

It seems fitting to point out that the material herewith presented has given some idea of the fundamentals that are taught in almost 150 class hours of casework theory. Such brief treatment gives little hint

of the richness of course content. A listing of concepts and subjects gives little understanding of what is actually taught in the classroom. It may serve one purpose, however, and that is to show the educational plan, the progression in the sequence, and the emphases which we consider significant in helping students grasp casework theory. The field of education and the field of practice share a responsibility for the preparation of personnel for social work and thus, in the large sense, for the educational plan.

Distinctions between Psychotherapy and Social Casework

By GRACE F. MARCUS

WITHIN THE LAST ten or twelve years, the practice of psychotherapy has been developed in some casework agencies. Caseworkers have gone to considerable pains to define its principles and techniques. In a field as incorrigibly defiant of definition as ours, this recognition of a responsibility for clarity and precision is a genuine advance. But our persisting problem about facing differences and their implications still dogs us; for while caseworkers are doing so much to differentiate psychotherapy from other approaches, they undo their accomplishment by referring to their therapeutic activities as "casework therapy" or as "psychotherapy in casework," instead of maintaining the difference they have established and examining its various meanings. That we sense and fear some division in the base of our practice through this adoption of psychotherapy is evident in our compulsion to cover it up by using the words "psychotherapy" and "casework" in vague and embracing references until they become practically interchangeable terms. The concern for unity apparent in this blurring of differences is not one we can afford to minimize or abandon, but common labels for different things do not abolish their difference or the problems there may be in the difference.

Both caseworkers and psychiatrists have tried to assure us that no conflict exists for caseworkers in accepting psychotherapy as an answer to some of their problems because each practice has therapeutic intentions and achieves therapeutic results. With this position, which equates "therapeutic" with "psychologically beneficial," none of us would want to disagree. But behind the contradictions in our linguistic behavior lurks a problem untouched by this argument. The plain and simple fact is that psychotherapy has developed out of the distinctive purposes and responsibilities of psychiatry, and casework out of the different purposes and responsibilities of social work. Part

of our uneasiness about looking at the differences between psychotherapy and casework is connected with this difference in their origins. We have reason to be uneasy. But the way to deal with the uneasiness is to examine the differences rather than deny them, for denial blocks off the only way to unity in a professional practice—its gradual creation out of differences.

Our field has escaped so recently from trial and error that we have not yet accepted either the value or the inevitability of differences in approach to common problems. We have still to realize that no professional practice can live and grow without vigorous pursuit of new ideas and possibilities. The recent development of different answers to questions inherent in our task presents us for the first time with a problem bound to be with us always, that of defining and testing varying approaches, weighing their differences, and using our findings to extend our professional awareness of issues we might otherwise overlook.

Since any professional approach is an attempted answer to technical problems involved in performing a service, and must be scrutinized in terms of the answer it provides to those problems, we need to see what the problems are to which social caseworkers have been seeking solution through one or another approach. We are all familiar with the central problem that has concerned social caseworkers: how to enable the client to make constructive use of the resources and facilities open to him in the casework agency for mastery of the difficulty in his situation. We have long known that help directed to the external social problem of the client is often seriously wasted or rendered totally useless by factors inside him that were not taken into account. The perennial questions have been how to distinguish and deal with the internal and external factors in the client's problem; how to handle the interaction between them; how to understand and control the person-to-person relationship of the interview to a constructive end.

It is important to note that long before social caseworkers found answers to these questions that were in any degree satisfactory, they had begun to accumulate a particular, unique equipment from their concentrated experience with the problems clients brought to their agencies. Forced by this experience to give up cultural stereotypes in ideas and attitudes, caseworkers put to use whatever they could learn

from medicine, psychology, and psychiatry, as well as from the social sciences, to understand the forces that produce maladjustments in the individual's living and his relations to society. They acquired a wealth of specialized knowledge about specific social problems in the lives of a great variety of people; about the factors commonly producing these problems; about their effects in all sorts of social situations; about their impact on the personal development, personal functioning, and the family relationships of individuals; about the progressive deteriorations or acute breakdowns in which these social problems may result for those whom they overtake. Caseworkers also gained a rich acquaintance with a wide range of problems in behavior and relationships and their ramifying social and economic consequences. Out of this experience in the special environment of social agencies, caseworkers amassed another fund of understanding of peculiar professional significance: repeatedly they were confronted with the problems individuals have in asking and receiving help, and with the difficulties clients commonly experience in using such specific services as financial assistance, or foster or adoption care, or medical or psychiatric care, or the child guidance clinic, or the services of the school social worker. In short, caseworkers developed a growing awareness of what the conditions and procedures of the social agency, or of the casework facility within another institution, can mean to the client, and of how they can help or impede him in making constructive use of its services. In addition, they acquired a deeper consciousness, especially through the period of the depression, of an ethical need to safeguard casework services from a misuse to which all social work as an institution has been particularly subject, a misuse not the less grave because it is often inspired by benevolent intentions—the subtle exploitation of the socially disabling need or distress of clients to usurp control over their personal functioning and direction of their private affairs.

The equipment which I have briefly described is peculiar to casework as a development within social work, rooted in the unique purposes, responsibilities, and conditions of casework as an organized practice in the social agency. But we must recognize that specialized and valuable as this equipment is, it failed for a long time to include any practical answer to the central questions that tormented caseworkers in their working province as they tormented psychiatrists in

theirs. As progress was made in getting hold of dynamic understanding of the development, organization, and functioning of the individual ego, two different approaches¹ to the problems of casework opened up to caseworkers. One approach was already indicated to them in a procedure of diagnostic study of their own which, if fortified, might permit them to adopt methods now being shaped in the field of dynamic psychiatry. The other approach was a new creation, called "functional" for the simple reason that it is attuned to the specific purposes, responsibilities, and conditions of the casework agency or the casework department in the hospital, clinic, school, court, or other institution. These two approaches have in common their utilization of dynamic understanding derived from psychoanalytic sources. The fundamental difference between them arises from the fact that the diagnostic approach went further than this, and took over technical procedures developed in psychoanalytical therapy, whereas functional casework created its own distinctive procedures in response to what are seen as the inherent and unique purposes of casework in the social agency.

For our orientation to what is distinctive in psychotherapy as an approach caseworkers are using, we might first consider the purposes motivating its development in psychoanalytical therapy. The procedures of psychotherapy have evolved out of a search for a briefer therapy than the standard psychoanalysis, and for modifications that would render the psychoanalytic procedure more adaptable to the particular nature and needs of individual cases and extend its applicability beyond the severe, chronic psychoneuroses and character disturbances to which the classic procedure was primarily directed. Psychotherapy represents the present culmination of an effort to liberate therapy from its earlier involvement in scientific investigation of causation, and the earlier emphasis on the recovery of memories and on intellectual reconstruction; instead, it is concerned to intensify therapy as an emotional experience, having corrective or educational values and aimed at the integration and extension of the ego's capacities for meeting inner needs in the life situation. Dr. Franz Alexander notes a transforming change in this therapy coming out of a shift from

¹ For another discussion of the nature and development of these differences and their sources, see my paper "Family Casework in 1948," *Journal of Social Casework*, XXIX (July, 1948), 261-70.

the concept of neurosis that relates it more narrowly to the processes of disease, to a concept that relates it more broadly to the processes of growth, but he notes as well that this change is still to be realized in all its implications.²

In psychotherapy as practiced both by psychiatrists and by caseworkers, great importance is attached to the formulation of a plan of treatment, flexible in its techniques and based on a diagnostic weighing of the dynamic forces in the patient's personality and the problems confronting him in his actual life circumstances. According to Dr. Alexander, both sets of factors in the patient's problem, internal and external, must be considered in order "to determine the modification possible in the individual to fit the situation and in the situation to fit the individual." In this view, the dynamics of therapy are no longer confined to the interview, but reside in the interacting effects on the patient both of the experience in the transference relationship and of constructive experiences in the outside life. Therapeutic sessions are therefore to be used as "catalytic agents," accelerating the patient's engagement in the new relationships and activities that may influence change as powerfully as the interviews, or even more powerfully. The therapist consequently undertakes to observe and influence the patient's experience in current living, and to give advice and guidance stimulating him to face directly conflict situations he might otherwise avoid. The chief medium of therapeutic influence, the transference relationship, is used to provide the corrective emotional experience in which the patient may relive the unsolved conflict situations of the past; discover the difference between past and present; free himself from the restricting automatic defenses that have distorted his psychic functioning; and use his liberated capacities to deal more appropriately with his actual life situation. Since his suffering springs mainly from his inability to manage his present problems in living, psychotherapy keeps him as closely related to them as possible. In harmony with all these considerations, the therapist exercises a flexible, direct control over the transference relationship to reduce to the minimum the patient's tendency to regress into the past, to delay handling actual life problems, and to use the transference relationship rather than life experience for gratification of emotional needs.

² See Franz Alexander and Thomas French, *Psychoanalytic Therapy* (New York: Ronald Press, 1946), Chapter II, from which I have drawn this brief summary.

We can recognize at once the ground offered for the cultivation of psychotherapy in the problems faced by voluntary agencies after 1935; for the transfer to the public agency of responsibility for maintenance and supplementary relief left caseworkers, especially in family agencies, face to face with maladjustments in relationships and behavior calling for modifications in the approach to individual situations. The central problem presented to them was old in its nature if it was sometimes new in its form. The technical question to be answered was how caseworkers might best proceed to deal with situations always involving two separate orders of dynamic phenomena, external and internal, psychobiological and social, and to establish a consciously controlled influence over the interaction between them. The exclusive focus on the external problem belonged to the defeated past. Psychotherapy offered one solution, with its focus on the internal problem of the client. Functional casework favored a different solution, with its focus neither on the external nor on the internal problem, but rather on the problem of the client in his relationship to the situation for which he asks help.

Psychotherapy, as it has been developed in the casework agency, follows the pattern evolved in psychoanalytical therapy described above, but with a division and sharing of responsibility between the caseworker who conducts the therapy and the consultant psychiatrist employed by the agency. The caseworker carries out the actual process, in which study and treatment are fused, and uses the psychiatrist for help in formulating a diagnostic appraisal of the nature of the individual's difficulty, the nature of the present life situation to which his behavior is a response, and the peculiar circumstances in his past that have molded the behavior. On this basis the psychiatrist assists in determining a plan of treatment, directed toward tentative goals, anticipating possible developments, and selecting the technical means to be used.³

Out of controlled experimentation in the casework agency, several approaches have been defined. A differentiation is made between psychotherapy and a counseling or social therapy that is a modern variant of an older casework. This treatment is indicated in cases

³ See Foreword by Dr. Nathan W. Ackerman, in Gordon Hamilton, *Psychotherapy in Child Guidance* (New York: Columbia University Press, 1947), pp. vi-vii, for a discussion of the necessity and value of this professional partnership.

where diagnostic study of the client's personality and social situation establishes that his problem is mainly external in its source, and that he has the psychological capacity to handle it realistically in a relationship that is realistically controlled. In such cases the treatment emphasis is on the modification of environmental factors and the use of appropriate social services and community resources.

Psychotherapy follows approaches falling into two well-established general categories—supportive therapy and insight or uncovering therapy. In both, therapy is oriented to the reality situation and the problems the client is experiencing in it. Both types of therapy may utilize resources and services available in the agency or the community. Supportive therapy is used primarily in cases where diagnostic study indicates such weakness in the client's ego as to render it incapable of any substantial, permanent change—prepsychotics, psychotics, severe neurotics, *et al.* The aim, therefore, is not to effect change within the personality, but rather to sustain the client's maximum use of his present capacities and protect him from damaging inner or outer strains. In the transference relationship, the worker supplies reassurance, permissiveness, and protectiveness against anxiety, and also furnishes support by practical guidance. This therapy may effect some improvement in psychological functioning, but the main goals it seeks are preservation of the client's present ego strengths and social situation from disruptions and deteriorations that would be undermining to him and injurious to his family.

Insight therapy is used in cases where the ego is capable of permanent change. Its aim is to improve the integrating capacity and scope of the ego by freeing it from distorting defense patterns and enabling it to adapt its behavior freely and appropriately according to inner needs and outer circumstances. The transference relationship, in which the client casts the therapist in the roles of authoritative persons significant in his past, is used to give him insight into the conflicts he failed to master earlier so that he may meet present conflict situations with an awareness of the differences in them and himself from the past. In describing the part psychiatric consultation plays in insight therapy, one writer says that it

is necessary to establish the diagnosis and suitability for this treatment and for continued supervision of treatment. The main technical problems center around selection of appropriate cases, selection of the central prob-

lem to be brought under treatment, development of interpretative techniques which aid the client in gaining understanding of unconscious feelings and motivations conditioning his defense patterns, and the kind of environmental activity that can be introduced.⁴

We might note that the diagnostic procedure can no longer have the precision associated with its traditional use in medicine. Franz Alexander states that "There are three outstanding variables in every therapy: (1) the psychodynamics of the case, (2) the actual circumstances in the patient's life affecting treatment, and (3) the therapist's experience and particular skills."⁵ To these Charlotte Towle adds the agency function and community resources available.⁶

As we examine the distinctive characteristics of the practice I have briefly described, certain trends are dominant. One is the use of an essentially psychiatric criterion in determining the nature of the problem to be treated, the kinds of change that are desirable and practicable within the client and his social situation, the specific goals that are to be sought, and the procedures through which they are to be accomplished. While material and social needs are met, the handling of these is geared into procedures the origin of which is in the purposes and the experience of psychoanalytical psychiatry, and the resources and the services employed are classified as "environmental aids," with consequent small consideration or use of their dynamic meanings. The sanction on which the therapy relies is the sanction traditionally given to the medical profession for the exercise of an authority and discretion which the patient is expected to accept and trust because the physician deals with phenomena beyond the patient's understanding and control, and bases his decisions on knowledge and skill beyond the patient's ken. The client participates, but this participation is inevitably limited by the degree to which vital decisions are made off his scene, on grounds not disclosed or intelligible to him, and result in plans involving experiences which he must take on faith, as he is used to taking other forms of medical treatment on faith. In short, psychotherapy requires the taking over, in differing degrees in individual cases, of parts of the client's ego function both in its perceptive and

⁴ Lucille N. Austin, "Trends in Differential Treatment in Social Casework," *Journal of Social Casework*, XXIX (June, 1948), 210.

⁵ Alexander and French, *op. cit.*, p. 105.

⁶ Charlotte Towle, "Social Case Work," *Social Work Year Book 1947* (New York: Russell Sage Foundation, 1947), p. 478.

executive capacities,⁷ as necessary in a process the ultimate aim of which is to support or to strengthen and extend that function.

Psychotherapy has some serious disadvantages as an answer to the technical problems of casework in the social agency. In psychiatric practice, the taking over of the client's ego function raises no ethical problem, but in social work it is in deep conflict with an ethical limit, the more important because so frequently the client in material need or social distress labors under an urgency abridging or confusing the opportunity for choice he would have were he considering psychotherapy as an independent, separate service. The right of the client to clear choice, under conditions understandable to him, takes on deep significance in his relationship to the social agency, especially under public auspices; moreover, the use of psychotherapy as a solution to problems in casework becomes highly questionable when we face realistically our obvious dependence on public agencies to carry the ultimate and dominant responsibility for development of the casework services really needed by our population. Psychotherapy, with its essential need for broad individual discretion, cannot fit into the agency that must define eligibility and be accountable for clear description of the services it offers and the terms on which they are available. In addition, both supportive and insight therapy do not seem adaptable in their very nature to conditions in many agencies which make small case loads impractical and which create a need for an approach that will be effective within narrow time limits.

If we examine these three classifications of treatment, we find an underlying assumption, natural enough to the physician, that any real and lasting change within the client can be accomplished only through insight therapy, and accordingly the goals in social treatment and supportive therapy are limited to the estimated present strengths of the client. The procedure itself restricts the dynamic possibilities for emotional growth inherent in the situation where the client is helped to discover what he himself wants to invest in achieving an external change, and where in the struggle of achieving it, he accomplishes as well a change in himself. In the diagnostic-planning procedures, the dynamic potential in the individual's own motivation and struggle is slighted, because he is so largely relieved of the responsibility for reality-testing, deciding, and acting by the worker and psychiatrist.

⁷ See Alexander and French, *op. cit.*, p. ix, for a brief analysis of the ego function.

A further difficulty confronts us in accepting psychotherapy as an answer to the central problems of casework, and that lies in the necessity for guidance and consultation from the psychiatrist before the worker can have assurance of the soundness of basic decisions and the reliability of fundamental directions in a considerable proportion of the cases in his load. The issues in relation to psychotherapy, as I see them, are not issues of its essential therapeutic values, but of its suitability to the purposes, responsibilities, and conditions of practice in the casework agency. When caseworkers practice it, it would be well to recognize that they are not engaged in social work, but in a special modification of psychiatric therapy under psychiatric direction. The distinction would be useful in preventing social workers from concluding that psychotherapy is an answer to the problems various agencies face in developing their casework services.

In contrasting psychotherapy with the functional approach, I am not asserting that functional casework is the only or the final answer to the central problems in casework. I am using the functional approach because its differences from psychotherapy arise from its concern to take into account the peculiar aims, obligations, and conditions of casework in the setting of the social agency. Traditionally, the social agency has identified its particular service in terms of the social needs or problems it was set up to meet, or of the special resources or services it offers for meeting them, and it has, therefore, been sought chiefly by persons whose urgent desires is not for relief from an inner conflict, but for assistance in mastering an external problem in circumstances or relationships of vital importance to them. We begin, then, with the general difference between the ways in which the psychiatric patient and the casework client see their problems and want to work on them. Since this difference is not only characteristic of differences in the needs of persons in difficulty, but is often decisive as well of the kind of professional help they can profitably use, we have at the outset good reason for keeping separate and distinct the difference between the professional purpose of psychiatric therapy and social casework. From a psychological standpoint, the peculiar opportunity for casework lies in the fact that it deals with individuals beset by some outer demand or pressure creating or supporting their inner motivation for seeking change. It then becomes the responsibility of the social caseworker representing the agency to help the client sustain his resolu-

tion to effect external change and not to relieve him of the necessity for it, exactly as it is the responsibility of the analytical psychiatrist to let the patient continue in enough anxiety to spur him on to work for cure, instead of sinking into therapy as a consoling feather bed. This is where the agency comes into the casework picture, as the source of guides that can be used by the caseworker and the client to maintain dynamic movement and direction in the client's use of the agency service, and to keep the external pressures strong enough to sustain the client's motivation for change.

Functional casework focuses on the problem of the client in his relationship to the external situation with which he seeks help. This focus places the caseworker at the center of interaction between inner and outer factors in the client's problem, the ego or self that is reacting at one and the same time to psychological and environmental pressures. The aim of the caseworker is not to effect inner change in the client, but to help him effect external change. In varying degrees, the client's difficulty in dealing with some part of his life situation involves the problem of his own feeling about it, his own responsibility for it, and his own conflict about using the agency's specific service in finding some different way of handling it. In helping him to deal with his external problems, the caseworker must therefore be prepared to help him work his way through these active conflicts to decision and action. The caseworker's job is that of assistant to his ego, not that of substitute for it: the caseworker does not motivate him but helps him to discover and, if need be, revise and then use his own motivation. The caseworker does not decide or plan for him, but rather helps him to work through, step by step, his own decisions and his own course of action. In short, the client carries the responsibility for external changes, as well as for any changes in himself that may be entailed in bringing about the external changes. Unlike psychotherapy, with its procedure that still commonly relates more to medical concepts of disease and cure, functional casework relates to the problem of the client in handling his external difficulty, and himself in it, in terms of the emotional growth that may at any time be required of an individual in actively adjusting the relationship between himself and his human and material environment. Unlike psychotherapy, or social treatment that is diagnostically oriented, functional casework does not

attempt to anticipate or plan the results of dynamic changes which may be brought about by the client; for as the client undertakes to deal with the persons and circumstances in his external problem, he often sets in motion a series of chain reactions, and these work transformations in the whole constellation of personal and environmental relationships that are not entirely predictable in their range and depth.

Functional casework uses a complex system of tests, limits, and controls serving fundamentally the purposes of diagnosis but very different from those implicit in the essentially medical procedure of study, diagnosis, and treatment planning. The agency, as the incorporation of the professional purpose in the rendering of its specific services, defines for the benefit of caseworkers and clients the nature and conditions of its services, with the aim of clarifying point by point essential considerations for understanding of what is involved in obtaining and using them. From past experience, it provides guides for use at critical junctures where sound direction might easily be obscured, and creates procedures that may be invoked when outside controls are necessary. In this respect functional casework utilizes the accumulated experience of social work with specific social problems; with the particular resources and services that have been employed to meet the needs arising from them; and with the typical conflicts clients have in using these resources and services—the dependency conflict in situations where financial need is paramount, the conflict about separation in the parent-child relationship that is central in the foster care case, etc. Instead of regarding relief or foster care or homemaker service, or whatever, as environmental aids or ancillary services to a psychological treatment, functional casework sees them as having dynamic meanings, and either reviving or creating conflicts of central importance in the client's inner and outer life. In one sense, functional casework uses the agency's accumulated knowledge of the dynamics in these problem situations as the psychotherapist is beginning to use his knowledge of the fundamental dynamics in some psychosomatic disorders.⁸

The structure thus set up by the agency enables worker and client to engage together in a process of testing: testing the client's desire for the particular service; testing his situation as he knows it in order to

⁸ See *ibid.*, pp. 299-304, for Case Q (bronchial asthma).

see with what part of it he wants to deal, and how; testing his emotional capacity to meet the reality limits and conditions of the agency; testing his capacity to distinguish his own part in the problem from that of others; testing his ability to take responsibility for decision and action with the help of the caseworker. The worker controls this relationship as the medium through which the client can be helped to face, bit by bit, in the experience of the interview, those parts of his feeling or his situation which he might otherwise suppress or deny, or those reactions to the worker as representative of the agency which he might likewise attempt to sidetrack. For the purpose of the worker is really to help the client to confront the conflicting elements in his internal and external situations as he is experiencing them at the moment, and by weighing his ambivalent feelings about them and the practical choices they suggest, to arrive at decisions about what he himself wants and can immediately undertake in the process of achieving it. The worker is sensitive, also, to the roles other members of the family may have in the family situation, and to the stake they may have in direct working on the problem, or some aspect of the problem, because their rights and responsibilities are involved. We can see that this system of tests, limits, and controls has implications not unlike those of diagnosis, for it tries out at every crucial point the capacity of the client's ego in its perceptive, executive, and integrative faculties,⁹ and permits client and caseworker to proceed in the direction and at the pace indicated by the client's present strengths and by his ability to use help in exerting and extending those strengths.

In the family agency using the functional approach, the problem of differentiating between casework and psychotherapy is again with us in counseling cases where the problem brought by the client to the agency centers in a maladjustment in the marital or parent-child relationship and where concrete situational factors play a very minor part or no part at all in the difficulty. In many of these cases, the externalization of part of the client's problem can be maintained by a steady focus on the individual's role and responsibility in the family situation, by the involvement of others in the family in the client's problem, and by the use of the fee and of limits on the period of the service or number of interviews. In other cases where the client's concern about the external aspects of his problem is or becomes less than the

⁹ See *ibid.*, p. 18.

concern about himself, "the worker becomes the service";¹⁰ external tests, limits, and controls as set by the agency become inadequate or inapplicable; the diagnostic process of therapy must be invoked; and the case goes over the boundaries of casework, with its focus on the problem of the client in meeting an external difficulty, into the province of therapy, with its focus on the problem within the client.¹¹ At this point further work is being done on the strengthening of a structure whereby problems in marital and parent-child relationships suitable for casework service may be distinguished from those in which therapy is indicated.

No one can survey the trends of development in psychoanalytical therapy, in psychotherapy as performed by psychiatrists and caseworkers, in diagnostic casework on the one hand and in functional casework on the other, without being sensible of a growing unity in basic understanding of the psyche and of the dynamic interaction between internal and external factors in the life of the individual. The existence of differences in approach may be an embarrassment, but the embarrassment is one of riches. We can profit by the riches and extricate ourselves from the embarrassment by keeping clear about the differences. Psychotherapy is different from casework and therefore no answer to the problems of casework. Those problems must receive casework answers, however hard they are to find, however long it takes us to find them, for on our finding them depend the improvement and extension of casework services adequate to a need as yet unmeasured and unmet.

¹⁰ See M. Robert Gomberg, discussion of Marcus, "Family Casework in 1948," *Journal of Social Casework*, XXIX (July, 1948), 274-79.

¹¹ See *Family Casework and Counseling*, ed. Jessie Taft (Philadelphia: University of Pennsylvania Press, 1948), pp. 262-72, 301-4. Also see M. Robert Gomberg, "Counseling as a Service of the Family Agency," *ibid.*, pp. 191-218, and "The Gold Case; a Marital Problem," *ibid.*, pp. 219-61.

The Psychologist in Early Adoptive Placement

By HELEN ROME MARSH

I AM NOT REALLY SURE that psychological services are as widely used for pre-adoption planning as they could be. Very definitely by the time a baby is six months old, we are able to administer baby tests and arrive at objective conclusions about the child's development in comparison with others of his age. Also, we can arrive at subjective conclusions about the personality development of the youngster and can make recommendations by fitting these results together. The approach with the younger baby is somewhat different, however.

Many social workers are not too familiar with what goes into these tests. Most of the tests are made up of selected items which children at specific age levels, speaking of the average, are generally able to do. They are sometimes items which are developmental, they may involve social responses, they may be based on language development or motor development. The social responses and the language development are customarily included in psychological evaluations, but as far as the motor development is concerned, one may wonder why such evaluation is considered to be in the realm of psychology rather than the function of a pediatrician, for instance.

It is because when we see the child, we are evaluating his response in relation to a statistic—how does this individual rate when compared to averages of his age gathered from observation and measurement of thousands of other equally old or equally young babies? When a pediatrician sees the baby he is more inclined to rate the child in relation to himself—whether the youngster seems to be progressing evenly as a whole. Where he may know that in some particular area the child seems a little slower than in others, the pediatrician is not, as a rule, in a position to tell exactly how retarded the child is. Too, our objective approach is again shown by the fact that, wherever pos-

sible, we insist on actually viewing the child's performance, in standard situations, rather than relying on the report of the mother, foster mother, or even the worker, that the child can do something, though he may not be doing it at the moment. This may seem rather cold and detached, but while there may be an occasional baby who is penalized because he refuses even to approach a rubber doll in the test situation, although at home he plays with them constantly, the percentage of error is probably still less than that which we would make if we depended on the notoriously inexact report of a devoted mother. This attitude on our part is even more necessary when we are dealing with the very young infants, since there is a lesser variety of items which these children may be expected to do.

One should not, surely, talk about the appraisal of the development of the young without making specific mention of the best known testing devices and observational scales. A great many people, especially those working in the children's field, are familiar with the tremendous lifework of Dr. Arnold Gesell, and the contributions which he has made to the understanding of the growth process. His developmental schedules have been used in one form or another since 1925, and yearly he has added to the body of knowledge in the field of measuring the maturity of infants. Dr. Gesell's developmental schedule permits us to observe and classify the infant's behavior from the age of four weeks to three years.

He suggests the use of the developmental quotient, or D.Q., which shows what percentage of normal development is present at any age, and is quite reminiscent of the well-known I.Q. In fact, because it seems so like the I.Q. many clinicians prefer not to obtain the D.Q. choosing rather to give their evaluation of the child's development in more descriptive and comparative terms. Dr. Gesell's technique also permits the comparison of the child's development in the four separate areas which he feels are the major ones. These are the adaptive, motor, language, and personal-social behavior areas. Each of these is believed to be separate from, yet parallel with, the others, and the D.Q. can be obtained on each one by itself. Dr. Gesell feels that the predictive value of these D.Q.'s is great, though other investigators do not all agree. Some of the discrepancy is certainly due to variations in the skills measured in infancy, and those measured five years or more later. Where tests utilize more verbal skills, the older the child

tested the more the tests attempt to measure abstract ability, which is obviously quite different from the purpose of the earlier developmental tests. For this reason, the experienced clinician will, in addition to evaluating the whole developmental picture, take particular pains in examining those areas of early development which seem to have the highest correlation with what we consider measures of intelligence at later ages.

Another great contribution to the field of infant testing is Dr. Psyche Cattell's technique of measuring infant intelligence, a method which gives us an I.Q. and which measures infant development from three months to thirty months. This scale has the distinct advantage of being a downward extension of Form L of the Stanford-Binet scales, and its upper levels include much of the material which occurs in the Binet. Therefore, it is possible with older children to run directly from the Cattell into the Stanford-Binet. At the younger levels, however, the material is very similar to, and in many cases identical with, the Gesell material. The prime difference between the Gesell and the Cattell is that the Gesell breaks down results into the four categories I have mentioned while the Cattell makes no such provision.

Historically, there are other infant development schedules which can be mentioned, such as the Kuhlmann, the Buhler Baby tests, the Brush tests, and others. Also new ones are in the making, but the Gesell and the Cattell are probably the most widely used at present.

I wish I could say that it is possible to predict with great exactitude the intelligence level of a one-month-old infant and guarantee that there will be no change in it from then till senile decay sets in. This is not the case, however; at one month or less the child is not evidencing enough activity or response to the environment for us to be able to sample all his potential abilities. What he is showing has greater weight in the estimate which is made. This is, obviously, one of the reasons why so many psychologists do not like to make estimates of babies at such an early age, and from the point of view of exact prediction of intellectual capacity, I am in agreement with them. Nevertheless, I think we have to be realistic and practical, and, while it would be nice to have a series of tests over several years, on which we could depend when making our estimate of mental capacity, we know all too well the dangers and disadvantages of delaying the permanent placement that long. So, if we are going to place the child very early,

we must sacrifice some of our certainty about his intellectual abilities. Parenthetically, I may add that this remark holds true for the immediate present only; for with more experience with the placement of the very young on which to draw, we will be able to develop more ways of making our judgments. These will serve to make us more certain in our estimates, but that is something for the future.

For the present we are concerned with using the skills and knowledge we already have. So even if we are less positive about how far a specific child is going to go in school and how brilliant he will be, we can at the same time make our estimate of his performance and general responsiveness in what we may call a more favorable situation than if we delayed half a year. I am referring to the personality development of the baby. We are only too well aware of the effect of foster homes on the child within his first year. When placement is successful, the babies find homes where they receive warmth and security and attention. Under less favorable conditions, those homes are not quite so good, and the child suffers. And if the babies are in institutions, even very good ones, they are going to get less than we would want them to have—to the extent that psychologists routinely expect institutional babies to rate lower than their true potential levels, as shown when they are tested again after placement.

So when we examine the baby who is a month or so, we may get results which are statistically less valid than if that baby were in his own home and were a year old, but we are still getting his reactions, much less affected by the treatment of a foster home than if he were older. In other words, the baby in his own home will be responding to the same environmental influences at a year as at a month, and presumably will continue to react to the same general ones for years to come, while the babies in temporary placements are responding to influences which will not necessarily remain around him. Since these factors vary so from placement to placement, we cannot be sure just how much they may be affecting his behavior. For this reason, the very young babies have the advantage of being less affected by foster home or institutional treatment than older ones in similar environments simply because they have not been alive so long.

I do not at all mean to imply that any very young baby who tests within average limits should be placed immediately in an adoptive home. I presume, however, that all of us who are interested in the

earliest possible placements of babies realize the great importance to both parents and child of bringing them together as early as possible; yet none of us would wish to do so when there is any possibility which might endanger the maximum protection which we want both parties to have. For this reason, I want to stress my conviction that the younger the child, the more important the social history and background material are, in relation to psychological observations and testing.

A young baby who tests average and appears entirely normal at three months may well be exactly that, and remain within normal limits for years. But if the background indicates that there is uncertainty about the parents' intellectual normality, of either one or both, then the weight of the evidence would seem to fall on the social material rather than the test. In such case, to my way of thinking, it would be wiser not to attempt the permanent placement right away, but to initiate a series of tests at frequent intervals over the next months, as a check on the first test and in order to estimate the child's rate of development. Although the proposal may be questioned by some adoptive workers, I cannot but feel that there might be some advantage to having serial tests of babies who are placed very young, over the probationary period, as a check on the rate of their development. This, obviously, should be handled very carefully, but just as the babies are taken to their pediatrician for physical check-ups at regular intervals, so could they be brought to the psychologist regularly. The intention would not be to threaten adoptive parents with the possibility of removal if the child did not keep up his original rate, but to present the tests as a special help in showing parents the areas in which their youngster develops most rapidly, or those in which some aid or extra stimulation is indicated. This is offered as a speculation, not as a suggestion or recommendation, about the service we might someday be able to offer, not only to the adoptive parents, but also to the natural parents.

I would have hesitancy about placing early an infant with an excellent background who tests in the retarded range, but because of the good family history, I would perhaps be less skeptical than in the case of an infant with a questionable background who tests average. I would think it wiser to check again, but the degree of retardation would be of prime importance; the more severe, the less hope there

would be that a recheck would produce a change upward. We all feel, I know, that we owe it to the adoptive parents and to the child that we should start them off together as favorably as possible. If this means evaluating the child's development and potentialities more than once, I am sure that we can consider it seriously. Of course, the child who is developing at an accelerated rate and has an excellent background to boot is one we probably will not need to worry about; and the one who is markedly slow, with a highly questionable or unknown family history, is one we probably would not consider for early adoption anyhow. It is, to my mind, where question exists, either concerning the available information about the parents or concerning the child himself, that the psychologist and the adoption worker can most effectively put their heads together and consider what they have.

The psychologist has much to offer, too, in the realm of personality evaluation. It is to be expected, of course, that the agency will have a good idea of what sort of people the prospective parents are, but it is not nearly so sure of the personality of the baby. The younger the child the less there is to observe, but even the little baby gives indications of his personality. I think we would all agree that much of his future personality will be a reflection of what is around him and the type of home in which he is placed. Yet there are natural limitations to the effects of environment. For the trained eye, it is not impossible to detect the phlegmatic child, the outgoing one, the happy one, the easily affected one. I realize that in many agencies this job of estimating the child's personal qualities is part of the social worker's duty, while in others it is not emphasized. I suggest that psychological observation of the child in the testing situation can bring forth material of value which can be coördinated into the plan as a whole.

I feel that the psychologist has a great deal to offer in the field of early adoptive placement. I do not say that the tests and techniques which we have now are so perfect that they can be used with nary a question or qualification on anyone's part, but I do say that the background knowledge and ability of the trained child psychologist can contribute something which, correlated with what our tests and observational schedules bring us, will tell us more about the potentialities and probable traits of the young infant than can be obtained by less objective methods. In addition, the training and curiosity of the

psychologist should be able to bring forth material which, in a few years, should make the task of evaluating the youngster easier and more valid.

I have suggested that I believe that series of tests on infants with doubtful backgrounds or personal ratings would be very desirable. I have done this in the face of what I anticipate may well be considerable objection on the part of the adoption worker. Nevertheless, since I am speaking as a psychologist with a psychologist's point of view, I would like to elaborate on my idea. Mainly, I should say that I am in total agreement with the idea of placing the child for adoption as early as possible, because of the emotional advantages—both to the child and to the parents—to be accrued from living in the permanent home from a very early age. Certainly, the main wish of all of us is to have the situation in the adoptive home as similar to that in the home of the natural parents as possible. Yet at the same time, I have reservations which are concerned with the possibility of misplacement of a child. Naturally, one would hope that the selected adoptive parents would themselves have such good personal adjustment that if they were to find themselves the parents of a very inferior child it would not jeopardize the unity of the family. We all would hope such a situation would not arise, but it is with the hope of preventing such situations that I feel that serial testing of questionable children is indicated. Even though question about them may prevent placement at five or four months, serial examination may have them ready for adoption by ten or twelve months; whereas under the old method of waiting, these very children might be having their first evaluations at one year or thereabouts. In the long run, serial tests should still help in getting these babies in permanent homes earlier than once was the case, though perhaps not so young as some workers might like.

Again I say that our tests are not infallible—would that they were! But very few things are, and even though we ourselves state that our very early test levels are not unfailingly accurate, nevertheless we feel that they are successful in ruling out the markedly deviate from the normal, and in pointing out those children in whom there are areas which do not seem to be developing at the same rate as the others. Just as the adoption worker seeks to rule out the prospective adoptive parents whom she sees as not mature and flexible and rules out those who expect a child to fulfill unsatisfied neurotic needs of their own, so we

should like to have the opportunity of helping to rule out, at least for very early placement, those babies concerning whom we feel there is some room for doubt on the basis of our evaluations and observations. We want, on the other hand, to be able to point to other infants and tell the adoption worker that we feel these children are good adoptive bets, young as they are. Therefore, I feel that the psychologist very definitely has something to contribute to planning early adoptive placements. We can point out those children whose development varies from the expected. We can point out those children whose development is accelerated or retarded whether *in toto* or in specific areas. We can tell something about the personalities of babies, and can help, by telling all these things, to match babies and parents with more objective material than before.

The trend to early adoptive placements is comparatively recent, and should be a coöperative enterprise on the part of all those concerned, and all those who have something to contribute. Psychologists are eager to tell what they can offer, and at the same time they are equally frank in telling their limitations. It is only through an understanding of what each profession can add to the whole that we can pool our efforts and hope to arrive at techniques and methods which will ultimately yield the most satisfactory results in the field of adoption practice.

The Psychopathic Delinquent

By R. L. JENKINS, M.D.

IT WOULD SEEM REASONABLE to begin a discussion of the psychopathic delinquent by considering first of all what we mean by the term "psychopath" or "psychopathic personality." The characteristics which have been considered to apply to the psychopath are a fundamental incapacity to make a social adaptation, the result of a deeply set deficiency of the personality make-up. The psychopath fails effectively to relate himself to others in give-and-take relationships. He may use others, but he cannot effectively share with others.

The term "psychopath" or "psychopathic personality" has been very loosely used. It was, for example, used in induction board work in the second World War as a classification for individuals who were judged to be incapable of fitting into military service or a military organization. Years ago, Dr. Leo Kanner was so impressed by the loose use of the term that he suggested the definition, "A psychopath is somebody you don't like." Obviously, such a broad definition is of no value in differentiating a group of individual delinquents who need special treatment.

It is appropriate that we consider also what we mean by the word "delinquent." Nearly all children at some time commit one or more acts which are technically delinquent. For this reason there is some justification in the definition of a delinquent as a child who got caught. Delinquency is a matter of degree. When we speak of delinquent children we ordinarily mean children whose delinquency is quantitatively or qualitatively enough more serious than that of the average child to constitute a community problem or a cause for community concern.

Clinical studies of delinquents at the New York State Training School for Boys have shown it useful to differentiate five categories of delinquents in terms of the causes of the delinquency and the treatment needed.¹ A category in which the problem is primarily medical is extremely small and need not concern us here. The remaining four

¹ Herbert D. Williams, "Therapeutic Considerations in the Prevention of Juvenile Delinquency," *Nervous Child*, III (1944), 270-73.

categories are: the situational category; the personality category; the pseudosocial category; the asocial category.

The situational category includes delinquents whose personality is essentially normal and who have not developed essentially delinquent patterns, but who may be considered more or less average youngsters caught in "normal" adolescent delinquent acts. High spirits, desire for adventure, desire for fun, desire for possessions not available otherwise, desire for status and prestige in a group are factors often determining the delinquent actions of these children. Seventeen percent of a series of 310 classified at the New York State Training School for Boys and 20 percent of a series of 190 boys classified at the Illinois State Training School for Boys² are considered to fall in this category. It would seem that, in general, it should be possible to treat these cases without recourse to a training school for delinquents.

The second category, the personality category, includes those delinquents in whom the problem of delinquency results from inner factors distinctly more substantial than those in the average boy, or in whom the pattern of delinquent behavior has become in some way internally rooted. There is the child who is rebellious toward, and poorly integrated with, our adult community, and who is repeatedly or seriously delinquent. He is likely to be poorly trained and to come from a family without integration or with active disharmony. He is likely to have a poor adjustment in school and to be rebellious toward school authorities. Usually, he is a rather unhappy and frustrated person who feels that he receives too little and that too much is expected of him. As a consequence, there is a failure of inner control and a tendency to make the most of whatever opportunity for pleasure or profit comes his way.

These children constitute the largest number of delinquents committed to training schools. Such children often respond well to our methods of community treatment, and when they do not, the training school may meet the immediate problem fairly well. While we need improvement of our training school facilities for these children, the needs of most of them are not beyond the plan and resources of the modern training school at its best. (There is a group with severe personality disturbances which I shall discuss later.)

² Johann R. Marx, "Psychiatry in the Illinois State Training School for Boys," *Illinois Medical Journal*, XL (1946), 290-95.

The pseudosocial category is comprised of those delinquents who are socialized within a delinquent group. In this group we see the boy who is a loyal gang member; whose real emotional ties are to other delinquents, members of his own gang; who has a set of morals typically intense, but gang-oriented; who is likely to feel that stealing is an honorable occupation if you can get away with it, but that informing on another delinquent is the lowest type of treason, treachery, and depravity. The pseudosocial boy represents a serious treatment problem, but he is not a psychopath. He is an essentially normal individual, socialized within a small group which is predatory and parasitic upon our larger society.

Delinquents classified as pseudosocial comprise 14 percent of the New York series and 24 percent of the Illinois series. Since we are dealing with a quantitative rather than a qualitative difference, the number we find will depend upon the rigidity of our definition.

It would seem that the treatment of the pseudosocial delinquent, difficult as it is, should fall within the responsibility of the modern training school. At least this delinquent may be influenced by methods which apply to the normal personality.

The remaining category of delinquents, the asocial, includes, I believe, our amoral and asocial psychopathic personalities. I say "includes" because I regard the term "psychopath" as an onerous one, not to be applied lightly.

The asocial group comprises 5 percent of the New York series and 15 percent of the Illinois series. These asocial delinquents are pronounced examples of what I have called the unsocialized, aggressive child, become adolescent. They are very difficult to treat effectively, and without treatment they grow up into the adult asocial and amoral psychopath.

A study of the clinical records of fifty unsocialized, aggressive children by Lester Hewitt and myself resulted in the following composite picture of this child as compared with the average child referred to a child guidance clinic:

This child's problem centers around his uninhibited hostile treatment of others. He is cruel, defiant, prone deliberately to destroy the property of others as well as violently to attack their persons. He shows little feeling of guilt or remorse. He is seldom able to get along with other children, but is always quarreling, fighting or engaging in mischievous tricks to annoy

them. He is inclined to bully and boss them and is boastful, selfish and jealous. He is rude or defiant toward persons in authority, openly antagonistic toward his teachers, and has outbursts of temper when crossed. He will deceive others and refuses to accept the blame for his own misbehavior. Because of his personality makeup he has few close friends if any, and his classmates have little to do with him.

Even if others attempt to become friendly with him, this boy does not respond with friendship for he is suspicious of other people and reacts negatively to suggestions. He is noncommittal and evasive when questioned and usually appears sullen. He seeks vengeance against those he dislikes. In our small series we find even arson and murder. His frequent petty thieving at home or at school sometimes results from the same vengeful attitude. His language is profane and obscene. He displays an unusually overt interest in sex, and is known to indulge in masturbation.³

In the training school a study ⁴ of a group of sixty-five boys selected because they showed at least three of the traits of assaultiveness, quarrelsomeness, cruelty, defiance, destructiveness, revengefulness, and shamelessness gave a composite picture of the unsocialized, aggressive boy as tending to stand out even in the training school for his impudence, his bullying, his irritability, and his obscenity. He shows a tendency to feel himself unfairly treated or even persecuted. He has temper tantrums, is disobedient, projects responsibility upon others, is crafty, overaggressive, sullen, emotionally unstable, and lonesome. More than the average boy in the training school he shows manifestations of sex activity in general and active homosexuality in particular. He is more prone to lie than are most training school boys.

If we look into causes of these deviations of personality development, we find strong evidence that they are where we might expect them to be, in gross failure of the early and fundamental child-parent and parent-child relationships. Many people will infer hereditary or congenital factors, but if they are present their nature is not clear beyond the fact that it seems plain that we are dealing with a failure of socialization and that slight organic damage to the nervous system may have the effect of making socialization more difficult and may thereby contribute to the development of this type of personality deviation.

³ Richard L. Jenkins, "A Psychiatric View of Personality Structure in Children," in *Yearbook of the National Probation Association* (1943), p. 204.

⁴ Richard L. Jenkins and Sylvia Glickman, "Patterns of Personality Organization among Delinquents," *Nervous Child*, VI (1947), 329-39.

Investigation of the background of fifty unsocialized, aggressive children studied at the Michigan Child Guidance Institute revealed the following typical picture:

His mother's own home life in particular has been an unhappy one. It is likely that she left home at an early age to get away from her own parents and met this child's father. It is likely that this patient is illegitimate.

In any event neither parent wanted the pregnancy and the mother was probably under considerable emotional strain while carrying the child. Both parents, particularly the mother, denied this child their affection from the beginning. Even if the parents married, desertion or divorce is likely to have broken the relationship, the child being subsequently placed either temporarily or permanently with relatives or strangers or being shuttled from one parent to the other. If the parents have remained together their relationship is fraught with bitterness and disharmony. The mother is likely to be a very unstable person, a characteristic not entirely foreign to her husband, who is deceptive in his dealings with others. Both parents are probably violent tempered and abusive toward each other or the children. The mother, possibly of low intelligence, may also be addicted to the use of alcohol. She was and still is quite unwilling to accept the responsibilities of motherhood and is frequently involved in illicit sex affairs with various men. The family itself is regarded with disfavor by the neighbors and may be known unfavorably throughout the community.

No other relationships between members of the family are encouraging to the development of a healthy social attitude on the part of the child. Rarely is authority in this family reasonably divided between the parents. One of them usually is extremely dominating and the other assumes little direct responsibility. The parents quarrel or engage in open fights and what loyalty exists between members of the family is split between opposing factional units. Sexual relationships between the parents are unsatisfactory and contribute to conflict. The status of the child in the home is also a source of conflict. The parents disagree on methods of discipline and the father particularly is likely to be inconsistent in discipline.

The mother, and to a greater extent the father, will brook no interference from the outside, frequently shielding the boy from the charges of school and community authorities. Neither parent however is at all affectionate; they are at most indifferent in their attitudes toward him and the mother is most likely to be openly hostile or rejecting. Little wonder then that he feels unwanted in the home and is ambivalent in his regard for his parents or openly expresses his hostility toward parents and siblings alike.

In view of the mother's behavior, it is not surprising that other children in the home may also have engaged in unconventional sex behavior, and it is probable that one or more may be officially known to the juvenile court as a delinquent on other counts. As a final note of emphasis the picture presented is essentially one of generalized and continual parental

rejection, and particularly overt maternal rejection, beginning at or before the birth of the child.

The product of this background is a child of bottomless hostilities and endless bitterness, who feels cheated in life, who views himself as the victim although he is constantly the aggressor, who is grossly defective in his social inhibitions, and who is grossly lacking guilt sense over his misconduct. We may think of his hostility as springing from three sources. First there is the hostility of the individual who has a need for, and by our common judgment a right to expect, love from his parents, but receives none. Even adults who have developed a good deal of social restraint often become hostile and sometimes even violent when they find themselves rejected in a love relationship, and certainly the reaction of resentment and bitterness is natural to a child who is rejected by his mother. In the second place this child has lacked an effective affectional tie to any adult through which he could incorporate standards of behavior. In the third place the example of behavior which this child sees before him is one which is highly selfish and inconsiderate and by our conventional standards objectionable if not delinquent. This background has given us a personality hostile, uninhibited, tending to act with direct violence to any provocation or to any desire. He has cause for insecurity and cause for anxiety, but the anxiety usually leads him to attack.⁵

I should like to propose a fifth category or subcategory which I shall call the emotionally disturbed delinquents. They constitute, in effect, the more severe fraction of the cases in the personality category, and like the asocial delinquents they call for resources beyond the actuality or the plan of the training school as at present constituted. A group of sixty-three boys committed to the New York State Training School for Boys was classified ⁶ as emotionally disturbed because they showed at least four of the following traits: apathy, daydreaming, depression, inferiority feeling, seclusiveness, sensitiveness, submissiveness, and timidity.

It should be obvious that boys are not committed to a training school because of apathy, daydreaming, submissiveness, or timidity. The fact that the boy is in the training school may reasonably be taken as an indication that he is delinquent, and the presence of these traits in a delinquent suggests inconsistent or paradoxical behavior.

A comparison of these 63 boys with 237 others gives the following composite picture: The emotionally disturbed delinquent gives evidences of poor social integration beyond those shown by the usual training school boy. He shows a conspicuous tendency toward loneli-

⁵ Jenkins, *op. cit.*, pp. 205-7.

⁶ Jenkins and Glickman, *op. cit.*

ness. Like the unsocialized, aggressive boy he is very prone to feel persecuted, and to a greater extent than this boy he shows a tendency to be suspicious. There is doubtless a mutual relation between these traits and the fact that he himself is cruel, crafty, evasive, and tends toward the projection of blame. Despite these evidences of bad social adaptation, his inner emotional need shows itself in overdependence, a trait which tends to be conspicuously absent from the unsocialized, aggressive child. The disturbed delinquent is given to attention-getting behavior. He is emotionally immature, unstable, self-conscious, and inclined to hostile reactions which he expresses through sullenness, negativism, disobedience, and temper tantrums. He is prone to nostalgia and to the excessive use of tobacco. One of his most conspicuous traits is extreme untidiness, and he is careless in general. Psychiatric symptoms suggestive of disorganization are frequent—oddities of behavior and silly laughter, underactivity, and lack of concentration. Fears and phobias are common. Feeding difficulties are frequent.

If we look into the typical background of the emotionally disturbed delinquent, we find even more evidence of early parental rejection than in that of the unsocialized, aggressive child. He is much more prone to be an institution child, and is less likely to have been with both his own parents. He is even more likely to have been unwanted and rejected by his parents than the unsocialized, aggressive child, and is highly likely to have been the less favored child in his home. He is likely to have been illegitimate. Physical and mental illness are more common in his parents than in those of the unsocialized, aggressive child as are also brutality and sexual immorality. On the other hand, the unsocialized, aggressive child is more likely to have experienced shielding from the results of his own wrongdoing than the disturbed delinquent.

The unsocialized, aggressive child may be described, I believe, as a child whose personality is integrated around a pattern of hostility and attack. This integration involves learning to rely on oneself and to fight one's own way in a world presumed to be hostile. The emotionally disturbed delinquent differs from the unsocialized, aggressive child in that the former has a personality which is relatively unintegrated or even slightly disintegrated. He thrashes back and forth between hostile attack and clinging dependence without being able

either to accept or effectively to fight his world. However, these two groups resemble each more closely than either resembles any of the other groups. They have in common a lack of a fundamental, positive, social integration. They have in common the lack of an effective or satisfactory framework of socialization on which to build.

It is, I believe, the extreme of the unsocialized, aggressive child who grows up through being an asocial delinquent into what I would consider the pure culture, asocial and amoral psychopath, or what has often been called the "criminal psychopath." This individual is extremely egocentric, lacks loyalty, is ready to exploit others, lacks guilt sense, and fails to accept any obligation upon himself.

The emotionally disturbed delinquent, on the other hand, may show evidence of at least dependent attachment, and may give evidence of guilt feeling and self-blame. He is not able effectively to integrate his behavior. His guilt feeling results in no constructive change. It may produce self-discouragement. It does not produce effective repentance or the avoidance of repetition of the guilty actions. The emotionally disturbed delinquent is in pronounced cases an example of the emotionally unstable psychopath.

This should give emphasis to the point that the concept of "psychopath" is not a unitary concept. What we mean when we use the term is essentially that we are dealing with an individual who is not psychotic but who is more or less unadjustable so far as any really mutual and stable interpersonal relationships are concerned. We have described two types of deviation which may be considered psychopathic. There are important similarities in the backgrounds of these two groups. Both have experienced severe affectional deprivation in the early years—but the disturbed delinquent to an even greater degree than the unsocialized, aggressive child.

There is need for recognition of individuality of reaction to the same stimulus, and more especially for recognition that similar pressures, applied in differing degrees, may give rise to differing reactions. With one severe blow a child may be aroused to blazing hatred and fight. With ten similar blows he may be psychologically crushed, beaten, and bewildered, with the fight knocked out of him.

The development of a pattern of aggression and attack represents an achievement. It represents some organization and integration of the personality around hostility. It might be expected that frustration of

a child's dependent needs would result in hostility. If this frustration were frequent and moderately intense, it might be expected to result in the organization of the personality in a pattern of hostility and aggression. If it were much more intense, it might be expected to result in relative disorganization of the personality such as we see in the disturbed delinquent.

Thus we note that the disturbed delinquent has the most pronounced evidence of severe deprivation—institutional living, being unwanted, being illegitimate, having parents frankly rejective, or ill, or psychotic. Again, the disturbed delinquent frequently shows the background of being specifically disfavored as compared with his siblings.

Certainly, parental shielding from the results of his own wrongdoing might be expected to promote organization of the personality in an aggressive pattern, and we have already noted that parental shielding tends to be more typical of the background of the unsocialized, aggressive child than of the disturbed delinquent.

What has been said should make it clear that there is every reason to regard the problem of psychopathic delinquents as an essentially preventable one. It is preventable by correction of the traumatic and deviant family background in which it occurs. All general measures which promote family solidarity, which make it easier for adults to become responsible parents, which tend to remove destructive barriers from minority groups, will tend to reduce the number of such psychopathic delinquents. More specifically, broad programs of family welfare and child welfare will have a high preventive value.

Beyond this, we need to make of the juvenile court a more effective agency for the termination of pathological parent-child relationships in the early years of the child's life. When relatively immature parents are somewhat unparental because of economic hardship, because of the burden which the child constitutes, or for other reasons, they may become parental when given financial aid or casework or psychiatric treatment as may be required. Unfortunately, we have also those parents who are incapable of a parental attitude regardless of outside help. We have the warped, self-centered, immature parents inadequately socialized to go out to a child. This gives rise to the social inheritance of psychopathic tendencies. Growing up under the care of grossly rejecting or psychopathic parents may make a psychopath.

Whenever it becomes clear that a child is fundamentally unwanted in a home and that the parents' attitude is not modifiable to an accepting one in reasonable time with the measures of support or of treatment possible, no time should be lost in bringing about the child's removal from the home if we are to avoid the probable development of a psychopathic personality. There needs to be in our law and in our courts more recognition that gross emotional deprivation is just as damaging to the psyche as gross physical deprivation is to the soma. For the young child, removal from the home and foster home placement are desirable.

If a child has reached the age of six years without the effective establishment of a child-parent relationship, we are dealing with a seriously damaged personality. I have strong conviction that the establishment of a special treatment institution for unsocialized, aggressive children and emotionally disturbed, hostile children between the ages of, say, six and twelve, could substantially reduce the number of psychopathic delinquents of adolescent age and the number of adult, psychopathic criminals. Such an institution should, I believe, be small and should have small living units with certainly not more than ten children to a pair of cottage parents. It should be staffed by mature, warm, and accepting cottage parents and it should have clinical facilities for the study of the children and the guidance of treatment.

In the training school age there is need for a special institution for psychopathic delinquents. I believe it is quite feasible to have in such an institution both the unsocialized, aggressive and the emotionally disturbed delinquents. They have much more in common than they have in the way of differences.

If we are going to meet the problem of the psychopathic delinquent at all, I believe we must be prepared to accept a higher per capita cost than present training school costs and a larger treatment effort for a lesser degree of return. The only reasonable alternative to this would be a frank giving up of the treatment objective with this group and the institution of long-term care on a simple custodial basis. This, I believe, would prove more expensive in the long run than would a program involving more treatment effort; for while this group are difficult to treat, I believe they should not be considered untreatable.

We need for these children something which falls somewhere between the mental hospital and the training school. There is need for

some security features. It should have an active program of education, vocation, recreation, and group living. Life should be organized in relatively simple terms with contacts with few adults and in small group situations. The adults need to be specially chosen and trained in terms of their emotional maturity and stability, their capacity to give much and get little personal return. Religion may be useful in such a program, but chiefly as its value is exemplified in the religious counselor and expressed in his personal adjustment and personal interest in the children. These children have great difficulty in encompassing abstract ethics of conduct. So far as they are able to understand and accept an ethical pattern of behavior it will be because they see the example in the flesh.

Such an institution should have the tolerance and viewpoint of a psychiatric institution. Clinical services to study and guide treatment should be liberally provided. But again, the most important element is the human element of mature, parental persons who are able to take a small group of extremely difficult children and give warmth, acceptance, and control. Compared with the training school as we know it now, this institution should have longer term treatment, should have smaller groups, should have a simpler organization, a larger measure of personal warmth and acceptance, and a closer and more constant observation and control.

The treatment of the psychopath is an undertaking demanding the patience of Job and the wisdom of Solomon. The maintenance and constant demonstration of personal acceptance is a primary requirement—and the delinquents we are discussing are not easy to accept. Treatment involves a much larger element of retraining than does most psychiatric treatment. A personal relationship is established and used, much as in the young child, to promote the gradual assumption by the individual of a more and more nearly adequate degree of responsibility for his own conduct. It is a combination of personal acceptance, personal interest, and consistent kindly pressure for a step-by-step improvement of behavior which is most likely to be effective. Kindly and consistent application of external pressures will usually be necessary. As in most training procedures, the more it is possible to use positive motivations rather than negative ones, the better. Effective control in a simplified social setting is possible in a treatment institution, and is necessary if the job is to be done. Interviews will be used

largely to try to reduce hostilities and to bring the delinquent into a frame of mind to accept and profit from his training.

With the unsocialized, aggressive child, treatment will be directed toward melting through some of his shell of hostility, toward giving him some realization that the world is not necessarily hostile to him, and toward helping him develop ways of coping with his environment other than by physical attack. He will be held to some requirements in a kindly way. Privileges which are abused will be withdrawn, and behavior which is adequate to the situation will be rewarded with wider opportunities.

With the disturbed delinquent, much effort will be directed toward establishing a sense of self-worth and a basis for self-confidence. Such building will proceed slowly, but in a simple environment with warm, socialized, and skillful adults, it can proceed.

I trust it goes without saying that the qualifications for successfully working with such individuals are much more emotional than they are intellectual. Emotional maturity and intellectual understanding are both required, but the accent should be on emotional maturity. It is far easier to find people who are intellectually adequate for the job than to find people who are emotionally adequate for the job.

I wish I could promise that the establishment of institutions such as I have suggested would work wonders with the psychopathic delinquent. Unfortunately, one of the characteristics of the psychopathic delinquent is that he is extremely difficult to treat effectively, and that no one works wonders with him. The best that I can say is that I think this kind of program, while it would be expensive, would prove economical. It would relieve the training school of a disorganizing group, and leave it much better able to perform its function. It would give immediate protection to the community by removing the psychopathic delinquent from society for a longer period than does the training school. And what is far more important, it would afford more lasting community protection by reducing the number of our unadjustable, adult, criminal psychopaths.

However, to be very successful in this undertaking, we must begin at an age earlier than adolescence.

A Community Approach to Juvenile Delinquency

By JAMES RUSSELL DUMPSON

IN REPORTING on the Central Harlem Street Clubs Project, the writer, at the outset, wishes to acknowledge the contribution of the entire staff of the Project in the presentation of the material on which this paper is based. However, the writer personally takes responsibility for the form in which it is presented here, and particularly for the evaluations that are set forth.

The Central Harlem Street Clubs Project represents a community effort to bring to a group of antisocial clubs, disdainfully called "gangs," and to the area in which they thrive, the total resources available in the community hopefully to redirect their energies into socially acceptable, satisfying activities. The Project, operated by the Welfare Council of New York City as a three-year demonstration, was established after gang warfare in various neighborhoods had reached a point where community action, in order to protect itself, became imperative. During 1945 and 1946 an alarming number of teen-age youths were killed or critically injured as the result of warfare which included the use of guns, knives, and other lethal weapons.

A survey of the recreation and leisure-time agencies in the area revealed that they were not equipped to cope with the street club situation. Not more than 10 percent of the total adolescent age group were participating in adult-sponsored, leisure-time activities. Their programs did not provide the dynamic relationship required to affect the behavior patterns of the boys involved in these street clubs. Even where the agency's concept included a recognition of the place of the social group work process in its program, it was unable to afford the trained social group work staff to do the job. Even where attempts have been made to reorganize programs in an effort to attract a greater proportion of the teen-age group, it has not been possible to integrate into total agency programs these autonomous street clubs which have

already developed patterns of aggressive, antisocial behavior. Recognizing the complex cultural and socio-economic factors underlying the street club pattern, an approach to the situation has to be broader in scope than a recreation program. Even if leisure-time agencies are able to adapt their programs to reach a large number of these groups, we now know that leisure-time and recreation activities alone cannot prevent juvenile delinquent behavior. The prevention, control, and treatment of delinquent behavior requires the utilization and coordination of every available and known resource in the community. It must be a total community approach.

We have also learned that punitive and repressive methods will not control the street club situation. Such methods on the part of the police and other community agents have tended to heighten existing tensions and to increase hostile activity. Authority, while having its proper place in treatment and control, must be used with singular and skilled selectivity. Brutality and ruthlessness on the part of the police merely fan the flames of hostility of club members and serve to solidify the street club out of their felt need for protection and retaliation.

The Committee on Street Clubs of the Welfare Council, made up of representatives of the police, schools, churches, social group work and casework agencies, surveyed the situation during 1945 and 1946; set up the plan of operation; and continues to share responsibility for the Project with the administrative staff of the Council. The Committee started with a firm conviction of the constructive potentialities of street clubs. It had expressed faith in the ability of the boys and their community, through relationship with skillful, mature, and accepting adults, to use help for their individual development and community betterment. The Committee agreed that existing approaches were not meeting the needs of street club members and that there was need for experimentation with a new approach. The approach used recognizes that the street club is but an expression of the needs of this age group of boys to emancipate from adults and to establish themselves as independent individuals. This approach sees the street club as a medium through which the adolescent can gain the security which arises from acceptance by one's social group and also one through which capacities for group loyalties, leadership, and community responsibility can be developed.

The objectives and goals of the Project may be stated as follows:

1. The reduction of antisocial behavior among street clubs through redirecting antisocial behavior into socially constructive channels

2. The development of a local area committee composed of persons having an active interest in the area and concerned about its problems

The purposes of this committee are to sponsor the Project at the area level, to be responsible for developing and utilizing local resources for meeting the needs of the street clubs, and to stimulate further community action toward the removal of forces acting as hindrances to wholesome living in the neighborhood.

3. The determination of the validity of the project method as an approach which may be adaptable for use by other areas

Structuring a process that would provide experiences by which these objectives can be attained with the boys and the local community represents the major part of our efforts to date.

Working directly with the various street clubs in the neighborhood are five area workers who are responsible for direct contact with the club and who, through the skills and understanding of casework, social group work, and community organization, attempt to help the clubs and their members to redirect their energies into socially acceptable activities. The Research Director has the responsibility of recording the operations and evaluating the results of the Project. The Area Director, working with the Council's consultant and the Committee on Street Clubs of the Welfare Council, provides the administrative direction of the entire Project.

During the eighteen months of the Project's existence, we have established contact with four of the area's most aggressive, antisocial clubs. Each of these clubs has a history of violent gang warfare, weapon carrying, stealing, rape, and the use of narcotics. Truancy, drinking, and tangles with the police have been prevalent among the boys, whose age group is from eleven to twenty-three, and many of whom have been in one or more correctional institutions.

Except during mobilization for gang warfare, the structure of the clubs is generally loose and organized for the primary association and protection of its members. The largest club has approximately one hundred members; the smallest group has about thirty-five members. However, the boys travel in twos or threes, and it is unusual to see more than ten or fifteen members together at any one time or place. Basically autocratic, the clubs can be divided into two distinct groups

—leader and leadership clique consisting of five or six boys—and the members. The group is broken up into various special interest groups for activities, and while membership in these groups may change from time to time, there is a tendency for the leadership clique to play a dominant role in them and to determine the nature of most of their activities. The clubs also have what the boys call "divisions." These are usually based on age groupings; have their own organizational structure; and serve, by a kind of vertical mobility, to perpetuate the club. Some of the club officers' titles are functionally descriptive and seem to reflect the roles their holders have in gang warfare. Usually one finds a war counselor, assistant war counselor, and occasionally a "light up" man. This latter boy usually carries the pistols, and initiates the war by shooting up the rival club.

Notwithstanding the publicity given in the newspapers and magazines to the antisocial aspects of the street clubs, our experience indicates that only a small part of their time is spent in such activities. Participation in sports, attendance at the movies, at parties, dances, "be-bop" sessions, and bull sessions take up a large part of their time. Just hanging around and visiting their girl friends occupy a part of their time. Actually, the so-called "street gang" may be one of three types:

1. A club whose principal activities are antisocial: This is the criminal gang whose sole function and activity is antisocial in nature
2. A club which occasionally engages in antisocial activities: This is the club which is primarily a social unit engaging in activities common to all adolescents. This group, under appropriate external stimuli, may engage in an antisocial or delinquent activity
3. A club which as a unit does not engage in antisocial activity although individual members of the group may follow confirmed patterns of delinquent behavior or may occasionally be so involved

In my judgment, most of the street gangs are a combination of the last two types.

The area of New York in which we are working is one of the most depressed, underprivileged areas in the city. It is an area of inadequate health, education, and recreation facilities; overcrowding; poor housing; and low economic status. The people, for the most part, react to segregation and discrimination with hostile and tense feelings which underlie many of their attitudes toward the value system of the com-

munity at large. However, there has been no evidence of any sympathetic attitudes on the part of adults toward interclub warfare among the teen-age groups. Indeed, in most instances, the adults have characterized the boys so involved as troublemaking hoodlums, and this has been of real concern to many of the boys. As the boys have engaged in constructive social activities, there has been an increasing measure of coöperation on the part of the adults. The ambivalence of the adults toward the patterns and values of the larger community presents a real problem in effective organization for local community action.

The operation of the Project began officially with the appointment of the Area Director on April 14, 1947. For the first three months, the Director's work consisted largely of a survey of the cultural, ethnic, economic, and social aspects of the neighborhood; charting the movement and respective areas of operation of individual gang; and establishing a relationship with the leadership of the gangs and the indigenous adult leadership in the neighborhood.

The customary ways the boys have of carrying out their activities are used in establishing a relationship with them. In fact, identification was built up through able participation in those activities which had special meaning for the boys. It was found helpful to have an extra package of cigarettes on hand, as the boys were always bumming them from each other. Acceptance of the Director by the group could be noted by the following type of incident:

When one of the boys would ask if he got the cigarette from the Director, frequently the answer would be "Yeah, man. He is a citizen." Or by the statement, "No man, he ain't no cop. . . . we cased him."

The relationship with the first club, the Royal Counts,¹ was sufficiently established in two months to enable the Director to obtain their coöperation in fixing up the Project office. Throughout the cleaning period, questions were asked of the Director as to how the place was to be operated. The presence of office furniture seemed to have motivated many of these questions. They were answered frankly and directly. The boys were told that the Project was being set up to help them do some of the things they were interested in doing, and illustrations were used out of the knowledge we had of their various efforts. They were also told that the Project would attempt to get the commu-

¹ Pseudonyms are used in all references to clubs, club members, and staff members.

nity to support a number of these efforts. This first group was transferred to the first area worker.

Through utilization of similar techniques, another area worker was able to establish a relationship with the Lords. In this case, the worker formed a close relationship with the janitor who cleaned the Project office and who had been purposely selected because of his thorough knowledge of the neighborhood. Through the janitor, the worker was introduced to a key member of the Lords. Their interest in the Dodgers baseball team, their interest in a picture at the neighborhood theater, or invitations by the worker to accompany him in his car on errands, laid the foundations for at least a partial relationship. It paved the way for casual visits by the worker to the Lords' hangout. Here he usually found the boys either boxing or sparring. When he moved into program, they expressed an interest in baseball, which he later found was an attempt to please him, or it may have been a reflection of his anxiety to rush the job of acceptance. To extend the relationship, therefore, he no longer used baseball but attempted, instead, to use the medium of boxing.

A third worker made his contacts in a block where he believed another street club was active. Since the worker was in need of housing, he asked many people in the block for help in finding a place to live. In this way, he became acquainted with people of all ages. After consuming literally hundreds of cokes and gallons of coffee, playing the juke box, and just hanging around, this worker became a familiar figure and was invited to participate in conversations, to pitch pennies, and to play football with the boys. Through the establishment of these contacts, he gradually gained the acceptance of the members of the street club. The following excerpt from his records gives a picture of the background and atmosphere in this particular situation:

Edward (the candy-store proprietor) has a small juke box in his store, and I have played it quite often, frequently as a means of extending my stay. On four occasions, I asked the fellows to help me choose some good numbers. After that, they would change the numbers I punched to play records of their own choice. They don't do this secretly, but openly, and with good humor. They stand around the juke box and talk about dates and dances—but I seldom, if ever, see them with a girl. They are usually together. Even on Sundays and Saturdays. When they enter the store and I am there, they greet me along with anyone else in the store whom they know. On the several occasions that I have entered the store to find them there, they con-

tinued talking or doing whatever they were engaged in. On one occasion, one of the fellows asked me for a cigarette, and on another occasion they approached me en masse, and asked didn't I want to hear "Let Me Love You Tonight"—I laughed and played the record for the umpteenth time.

The frustrations and anxieties the workers experienced in establishing relationships were numerous. Although constantly assured that there were no deadlines to meet and no rigid schedules to which they must adhere, they always looked eagerly for the first signs of real acceptance. But these signs, at least in the minds of the area workers, were painfully slow in appearing.

Sometimes in the midst of a conversation which had all the opportunity to deepen the relationship, the boys would suddenly move away, leaving the worker alone. Or, the worker might approach a group hoping to join in the conversation. The boys would become silent. When sound relationships were established, the boys would tell the workers that they originally suspected them of being policemen, or similar representatives of the law. They had watched carefully for any clues that might confirm their suspicions. Finally, through real acceptance of the boys and their group, a conviction about the constructive potentiality of the club, and through his understanding, warmth, skill, and unending patience, the worker achieved a position of confidant, and a relationship had been built.

What to do with the relationship had presented one of the most difficult questions in the Project, for we are learning that this relationship is a modification of that usually established in social group work and different from relationship as we understand it in casework. We are only now beginning to define the quality of this relationship and to distill the area worker's role in its dynamics.

In associating with the boys, the workers do mostly what the boys do. They participate in games, bull sessions, block parties, "be-bop jumps," card playing, or just hanging around. They see club members almost every day, usually in the afternoon and evening, and spend from fifteen to twenty-five hours a week with them. Usually, they see from four to twelve boys in a contact. Sometimes they see only one boy; sometimes as many as fifty. Most contacts take place wherever the boys hang out—the street, candy store, roof, poolroom, and now in the Project office.

We do know that the area workers' role varies with the needs of the

group. At times the boys ask them to arbitrate a dispute, to give help in securing a job, or advice on personal problems. The worker's word is not law, and boys freely accept or reject it as they see fit without being rejected by the worker. In a discussion of antisocial behavior, the workers' role also varies. Frequently the workers will listen without approving or disapproving. Sometimes they will ask questions to learn more about the boys' attitudes or behavior. At other times the workers will openly disapprove of the boys' behavior and give their reasons. If the total situation warrants, a worker may initiate a group discussion and utilize group interaction. Or he may await an opportunity to discuss the situation with an individual boy in terms of that particular boy, his problems and his needs. The area of antisocial behavior is the most difficult to handle. The worker must use great skill in defining his difference from the boy and at the same time maintain a horizontal relationship with him. Skillfully, he must determine the motivation of the boys' behavior, determine the leadership in the situation, and manipulate the situation so as to provide substitute satisfactions for the real goal of the antisocial behavior. His identification with the boys and their needs must never blind him to his responsibility to the larger community. While he can never betray the confidence of the boys, he must constantly interpret to the schools, to the police, and to the community constructive ways of meeting the needs and frustrations and hostility which the boys' behavior represents. The worker must recognize and accept his own limitations and help a boy move on to the use of specialized services in the community when the need is indicated and the boy is ready to use them. Gradually, very gradually, he must help the boys more and more to use the facilities of the community, and at the same time help the agencies to understand and accept these boys. Many of the leisure-time agencies are having to accept the partial use of their program, on a hit-and-miss basis, as the boys test and retest the realness of their place in the agency.

The worker is called upon to assume responsibilities which club members are unable to assume. When the boys show an interest in some project, the worker usually helps in the planning and takes on responsibilities with the club member. The worker helps get equipment, permits for block parties, and secures from the police tickets and passes for events that the boys had previously rejected. He assists

individuals to take increasing responsibility for their program. The worker suggests new ways of doing things that are leading to a greater democratization of the club. The boys are experiencing the satisfactions of successful efforts, and they cherish the reputation they are achieving in the community, which gives them the status they previously sought through daring and dangerous antisocial activities.

After a year's operation, the staff has initiated efforts to develop an area committee, composed of parents, interested local citizens, and representatives of the clubs. The area committee will attempt, on a local level, to engage in social action designed to effect changes that contribute to juvenile delinquency in the neighborhood. It will receive guidance and direction from the staff, using, however, whatever indigenous leadership there is in the neighborhood, and will relate its activities to the ongoing community organization structure. It will receive the full support of the influential Committee on Street Clubs in matters of housing, police activities, health and welfare facilities, employment opportunities, educational facilities, and adult criminal activity in the neighborhood. Staff will interpret the needs of the street club members to the adult community in an effort to encourage adult understanding, positive attitudes toward, and acceptance of, the boys, as well as their coöperation and assistance in the constructive efforts of the boys. Progress in this area is painfully slow, and considerable interpretation and support are necessary.

A Professional Advisory Committee, made up of representatives of agencies and organizations in the local community, is attempting to identify services that are needed and to assist the agencies in meeting the needs of the boys and community as defined by the Project staff. The regional council of the Welfare Council is working with the Project staff in an effort to achieve the fullest coördination and the best arrangement of existing services.

An attempt is being made to arrive at a valid appraisal of the effectiveness of the Project and to isolate those factors which contribute to its effectiveness or ineffectiveness. Evaluating the effectiveness of the Project involves a measure of changes in the club members and a determination of the extent to which these changes can be attributed to the Project. Volumes of process records are being studied by the Research Director in order to provide an analysis of various change categories, the evaluation of the workers' techniques, and the boys' response to them.

The area worker records his contacts by means of chronological process records. Following this, he answers an interpretation questionnaire designed to help him think through the significance of his experience in preparation for subsequent contact. He also prepares a review of his records each month as an aid to evaluating his progress, the effectiveness of his methods, the movement and progress of the club members, and the most appropriate procedures for the future.

From this material, research is able to provide a current evaluation out of which the staff is able to refine and reformulate techniques and methods of operation. Research will also allow us to state the success or failure of this approach to street clubs and help determine its usability in other communities facing a similar situation in the control of juvenile delinquency.

Any assessment of accomplishments of the Project must, of necessity, be tentative. Even now, we have not perfected the tools for measuring the effectiveness of this project approach to antisocial street clubs. And when this is done, we will be faced with the limitation that is set by not having any precise accounting of the extent to which the boys engaged in various activities at the beginning of the Project. Nor can we be sure that we are securing now a complete picture of their activities. Even though the boys tell the area workers a great deal, we cannot be sure that they can and do "tell all." Finally, change is a gradual process. If the workers are putting into their relationship with the boys a content that allows the boys to experience a reorganization of any part of themselves, we may not be able to measure the full effectiveness of the Project for some time to come.

Despite these limitations, we are able to make certain tentative judgments about change in the clubs and to isolate positive results in several of the categories of change:

1. The boys are spending increasingly more time in constructive and satisfying activities. Behind these activities are hours of joint planning and sharing. Through these activities, we have helped the boys to release much of their potential initiative, leadership, and resourcefulness in socially acceptable endeavors. They have gained the status in the group and in the community from these activities which they formerly sought in antisocial behavior. They have begun to gain a sense of individual worth and are developing an interdependent relationship with the adults in the community, including the heretofore despised policemen.

2. Certain forms of antisocial behavior have decreased. Since the beginning of the Project, none of the clubs has engaged in interclub warfare. Concomitantly, there has been a marked decrease in interclub warfare among the gangs who occupy territory immediately adjacent to that of our clubs. There has been less measurable decrease in the use of narcotics, sex activities, individual stealing, truancy, and drinking. It may very well be that for some of the boys these forms of antisocial behavior are symptomatic of deep personality disorders that are not amenable to the approach that we are using. However, we do know that the boys have a greater awareness of a new value system and, in individual instances, are consciously striving to identify with the value system of the area worker.

3. We have unquestionably proven the ability of these boys to establish a relationship with a mature, warm, accepting adult. This accomplishment augurs well for their use of relationship through which we may help these boys effect any substantial change.

4. Relations within the group have improved. The leaders are less autocratic, and the opinions of the club members are more consistently sought. There is evidence that intragroup dynamics are beginning to operate in a broader democratic framework.

5. The boys have been helped to recognize the availability of facilities in the community which more satisfactorily meet their needs. Their use of the facilities of the Police Athletic League, the gymnasiums of public schools, and their willingness to test their acceptance by the social group work and leisure-time agencies indicate that we are realizing success in broadening the boys' horizons and enriching their day-to-day experiences.

6. Here and there we have been able to help existing recreational agencies accept these autonomous groups and to gear their programs to the boys' interests and needs. Considerable reorientation needs to be done, however, before the boys are ready to use the agencies and before the agencies are prepared to accept the boys.

7. Finally, several agencies in the city have begun to adapt the Project's approach to their own programs in an effort to reach groups of boys similar to ours. In one instance, a group of extension workers from a social group work agency is working with street clubs in the immediate area of the agency. In another instance, two recreational workers have been released from the after-school program of a public

school to work with two street clubs that recently caused the death of one boy and seriously injured another. A project in still another area of the city, patterned after ours, has been successfully completed, and the report is being written.

We are convinced, at this point, of the soundness of our approach. There remain many limitations to overcome and to accept, and many problems to work through. As yet, we have not fully defined the function of the area worker, the specific equipment he needs to bring to the job, and the extent to which the area worker can use the disciplines of casework and social group work. There yet remains the task of isolating, in a demonstrable way, the various techniques used by the area workers, testing the effectiveness of each of these with the various types of boys in the street club and their problems that motivate their participation in the antisocial activities of the club. Then we will need to find ways of adapting these techniques for use in existing or new agencies as a way of working with antisocial street clubs.

Finally, if we are to prevent, control, and treat delinquency, we must all find a way to use, in every appropriate setting, our knowledge and skills concerning human behavior. Social work has not begun as a profession to use all that it knows about mental hygiene, all that it knows about the dynamics of change in human personality in efforts to meet the challenge of juvenile delinquency. Nor have we clearly defined the functions of our various services and the role of the workers in them in helping individuals to make a more constructive use of themselves. Finally, more than new agencies, more than new techniques, more than greater emphasis on psychiatry, or social group work, or recreation facilities, or additional institutions, is our need to develop a broad, comprehensive program of child welfare in every community, a program that utilizes every bit of knowledge and skill at our command. We shall need constantly to test and retest what we do in that program. As we develop research in child welfare, we shall have a valid basis for change in experience and practice. Then, and only then, shall we meet the needs of children at home, in school, and in other areas of community activity. Then we shall effectively prevent and control the individual and group expressions of juvenile delinquent behavior.

The Social Group Worker and His Social Goals

By GRACE L. COYLE

ONE OF THE FIRST DEFINITIONS of social group work described it as "an educational process emphasizing (1) the development and social adjustment of an individual through voluntary group association and (2) the use of this association as a means of furthering other socially desirable goals."¹ Although there have been other definitions, there are few which do not include in some fashion the factor of the "socially desirable."

It is immediately obvious, if one looks at the daily job of the social group worker, that he must be functioning in relation to some social objectives, however implicit or obscure they may be. It seems obvious that all those who deal with people must have in mind not only goals relating to individual treatment adjustment or education. Our only real test of what is meant by adequate "social adjustment" or "good social relations" or even by "psychological maturity" rests upon some concepts of what is a good society. We cannot actually work with individuals or with groups except against a background of assumptions about the socially desirable. What is desirable in the relations between man and wife, parent and child, leader and group, employer and worker, executive and staff, neighbor and neighbor, Negro and white, Jew and Gentile?

These are questions we answer every day in our agencies, and our answers always imply some type of society. The difficulty is that such social goals are often so embedded and entwined with our behavior that we never look at them as such. They are the expression of underlying and often unconscious values. They are implicit, not explicit. We will usually claim, if questioned, that they are the values of a democratic society or of the Judaeo-Christian tradition which has

¹ Wilber I. Newstetter, *Group Adjustment* (Cleveland: Western Reserve University, 1938), p. 1.

come down to us through the stream of Western civilization. However, until we can define and examine them in the light of conscious, careful scrutiny, they are likely to remain confused, contradictory, and ineffective.

If we grant that the social group worker must, of necessity, have concepts of the socially desirable, or perhaps what he terms the "democratic," where does he get them? Such goals are, in part, the product of the personal life of each of us as individuals, acting first to determine our own values, then to turn us toward social work as a profession and, within our practice, coloring our interpretation of its objectives. Some of our goals are, in fact, determined by the stated and the unavowed purposes of the agencies in which we work. In large part they are determined in the stream of the community life in which we have our being. In these days it is hardly possible to achieve a sense of social direction without reference to the vast and significant social changes of which we and our agencies are a part.

We have been born into a generation confronted with social issues so momentous that they stagger our imaginations and will render us helpless unless we can achieve some sense of social perspective. On the one hand, we have seen, within our lifetime, a vast extension of the social services and, in many ways, a firmer grasp of democratic values as related to equal opportunities for all. This movement for a higher standard of life, more democratic relations, and a more extended use of our resources has had many results. It has created new services for family and child welfare, for recreation and voluntary education, for neighborhood organization, for certain medical care provisions, and many others maintained under private auspices. More significant still in terms of coverage and social acceptance is the vast extension of public services in social security, housing, recreation, protective care for children or handicapped, and, again, limited but probably increasing medical care programs.

Because we are so close to these developments, it is hard to grasp their tremendous social meaning. Charles Beard has called this phenomenon of the last fifty years the "rise of social democracy." Associate Justice William O. Douglas, of the Supreme Court of the United States, put it in one sentence. "The human welfare state is the great political invention of the twentieth century."

As this widespread concern for the common good has expanded

public and private services, we are confronted with equally significant questions concerning the maintenance and expansion of the liberties of the individual in such a society. To preserve the traditional right of free speech and free assemblage requires eternal vigilance, and never more urgently than today. Thomas Jefferson voiced the basic democratic principle in his inaugural of 1801. "If there be any among us," he said, "who wish to dissolve this Union or to change its republican form, let them stand undisturbed as monuments of the safety with which error of opinion may be tolerated where reason is left free to combat it."

Can we in our modern society preserve this faith and these ancient rights without hysteria on the one hand or credulity on the other? We must, if we are able to do this, stand firm against limitations on our freedom to think without fear and to assemble without the threat of espionage and the accusation of "guilt by association." This balance between the responsibility of society and individual and their mutual rights confronts us within our national life and divides the world into two opposing camps.

The social goals of the social group worker must be related in realistic and effective ways to surrounding historical movements. Social workers are sometimes accused of being the major proponents—and indeed the chief beneficiaries—of these extensions of the social services. This may be flattery, but it is not reality. It is true that they have played a part in this development. They have spoken out of their experience in slum areas and among economically deprived persons. They have helped to present the case for more democratic human relations. It is certainly true that as these efforts have achieved institutional form in agencies and government functions social workers have taken on the fulfillment of these functions in many though not all the community services. The force behind this rising tide is, however, of much vaster proportions than that encompassed in a few social workers with little influence and practically no resources. It is, I believe, the manifestation of one of those historical waves—like that which produced the Renaissance—a movement sweeping not only this country, but every industrialized society and, eventually, the world. It is, in fact, the current expression of the democratic urge at work, which, I believe, swings the centuries into a line of advance toward more and

better life for all. To refer to it as a tide does not mean that it comes about without effort. It is achieved only by unremitting struggle on many fronts and against serious odds. It rises only as far and as fast as all of us participate in establishing each new goal and put practical and realistic effort into its achievement. It maintains its advance only as the gains can be held against threatening forces. To discover for ourselves those social goals which have depth and consistency requires that we see and understand the social conflicts of our generation. The socially desirable, that is, can never be conceived in terms of a static community but only in terms of the vast, dynamic movements in which our American society interacts with others.

If we turn from these large perspectives to the social group worker, it appears that whatever goals he holds function in two ways. Some are implemented in and through daily practice. There are also those related to this larger stream of social development, his part in the efforts to create better community life or a better society by a change in social institutions. This distinction reminds one of that made by the theologians between the immanent and the transcendent.

I am therefore suggesting that we consider the differing relation of social group workers to these two situations: those where social goals are immanent and should be present in daily practice; and those in which they are in a sense transcendent, that is, lifted up into movements for social change. How does he function in these two dimensions? This question is so complex that it is impossible here to do more than suggest the outlines of the problem. For one thing, the social issues are many and various. For another, their ramifications into practice are almost limitless. In order to confine the subject I have decided to illustrate it by one issue only, namely, discrimination on a basis of race or national origin. This particular problem has both these manifestations. It is immanent in practice. We cannot avoid it in day-by-day work. It is also transcendent in such questions as legislative proposals for civil rights legislation. More than that, it is of predominant importance in American life today. Also, it has particular significance in the recreation-education field where discrimination shows itself, as it does in education, housing and medical care, in less adequate service to minority groups and, at many points, in segregated programs.

Let us consider, then, the social group worker's relation to dis-

crimination, beginning with his dealing with it in his daily practice. What are his goals in regard to it? How can he attack it? Where does he take hold?

It would seem that here as elsewhere he must first define what is meant by the "socially desirable." What is our social goal? In the Declaration on Human Rights adopted by the United Nations General Assembly in December, 1948, stand two sentences which attempt a formulation of such goals:

Whereas [the Declaration begins] recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world [therefore, it declares] all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act toward one another in a spirit of brotherhood.

These are fine and deeply significant words, and to get them formulated before the bar of world opinion is no mean task. We would all agree with them, no doubt, but what have they to do with whether we shall organize interracial clubs in a high school, whether we should open our camps and swimming pools to all who wish to use them, how we organize our interest groups and our club councils?

Between the high and fine abstractions of such goals and the humdrum details of one's daily decisions there must be built a ladder of more concrete objectives leading downward into steadily more concrete levels. Without that, lofty aims merely serve as dangerously pleasurable narcotics which give us a false sense of accomplishment. If we translate these abstractions in the area of discrimination, we must make up our minds on the following questions: (1) Are equal and adequate recreation and education facilities available to all ethnic groups in our community? Are the parks and playgrounds used by members of minorities groups, the recreation centers built in neighborhoods where they live, as well equipped and as well financed as those in other areas? What are our objectives in these matters? (2) Are the leisure-time services functioning on a segregated or an integrated basis? Self-selected groups which voluntarily prefer those of their own racial and nationality background are consistent with the democratic right of free assemblage. Involuntary segregation in parks, playgrounds, youth agencies, or community houses represents the pattern of discrimination within our field. Are we working toward its elim-

ination or its maintenance? (3) What should be our policies in regard to the part in our American culture of those ethnic groups which wish either temporarily or permanently to maintain their identity? Specifically, in our field, this is related not only to the question of the maintenance of Jewish cultural values by Jewish agencies, but also of the cultural identities of recently arrived immigrant groups such as the displaced persons or groups such as Poles, Italians, Orientals, and Mexicans. If we are to have as a part of our American culture ethnic groups who voluntarily maintain a certain separateness to preserve values they believe to be essential, what means can be established through our agencies to create coöperative relations between such groups and the whole? It is only as we answer these questions that social goals move from the lofty abstractions into a range which begins to serve as a guide to practice.

Even such goals are dangerously abstract. We must, if we are to be effective, shift our viewpoint to the community in which each of us works. We must again translate social objectives into another level of the concrete. It is at this point, I believe, that we must develop both over-all strategy and specific tactics. Strategy and tactics closely geared to the customs of each community, agency, and neighborhood will concern themselves with many familiar specifics. These include the composition of boards to guarantee adequate representation of all groups. They involve consideration of staff eligibility regardless of race, cultural background, or creed; their utilization, in so far as is feasible, on a nondiscriminatory basis; the provision of equal pay and equal opportunity to move into administrative responsibility according to ability. They affect policies on grouping with consideration as to what kinds of groups and activities can be used to integrate those of differing ethnic backgrounds. They necessitate skillful sensitivity to the meaning of differing group relations and various activities according to the social distance between the ethnic groups involved.

In terms both of methods of organization and use of activities, plans must be adapted to differing age ranges, to the interaction between the sexes, and to the mores of the economic level and the cultural background from which the members come. Attitudes toward those of another ethnic group are acquired and increase steadily with age in the typical American community. They are closely interwoven with basic mores on the relation between the sexes of differing ethnic groups and

various social classes. On this point, as we know, all the power of deep emotional feelings, reinforced by custom, is brought to bear.

Attitudes of this kind, moreover, are not spread even among a population subjected to the same cultural impacts. There is some evidence that racial prejudice is more dominant in the insecure personality, beset by fears and anxieties as to his own adequacies. Our approach, therefore, in any group where we are attempting to affect such attitudes, must be geared both to certain common factors of age, sex, and background, and to individual needs and capacities which will express themselves by attitudes of prejudice or acceptance.

As we raise such questions, the issue inevitably arises: What is this but propaganda? What are such methods but manipulation? These questions reach the heart of the relation of the social group worker to the socially desirable. Our conflict arises, not between the possibility of having no values, which is in fact inconceivable, but rather out of the conflict between values of self-determination by groups and those values involved in trying to change discriminatory practices. The fact is that many neighborhoods and groups, if they settled these issues by the usual democratic procedures, would at this moment give unquestioning support to discrimination as desirable. Where does this land us? Do we therefore take a vote and let it go at that? To do so is, I believe, to conceive of the democratic in too limited a way. The basis of our attempt to eliminate discrimination rests on those wider democratic values of the respect for each human being, but more concretely, on the belief that all should participate on an equal footing in neighborhood life, in opportunities for recreation, in the richness of our common cultural heritage. Discrimination obviously prevents such participation. Such a viewpoint regards the prejudiced individual or the segregated community as a form of social pathology hostile to the health of a democratic nation, in the same way that the spread of divorce threatens the health of the American family, or juvenile crime is recognized as a danger signal in our treatment of youth.

However, as we adopt goals of this kind we do not give up our belief in the value of self-determined programs. We cannot do so and be consistent with democratic methods. Neighborhoods and groups must act on such issues with full and free consideration. We must begin, as always, where people are. They must be involved in policy-making, and such involvement provides the occasions to thrash out basic un-

derlying social issues to clarify *with* them not *for* them the values as stated. As the agencies and groups themselves deal with these issues, I have faith to believe we will, in many situations, move together toward more democratic human relations. For some it will take another generation or perhaps more, but the democratic tide is, I believe, running in, not out, in our country and, I hope, in the world. The force of that tide helps to lift imbedded prejudices and sunken community customs, if we can harness it for socially desirable ends.

Let us turn to that other area, where goals must be worked on by social action through social movements aiming to change society itself. These are directed usually either to widespread education to effect attitudes or at legislation. Using the issue of discrimination again as illustrative, this aspect appears, for example, in the fight to establish state fair employment practice committees, in the Federal proposals on civil rights formulated in the President's Civil Rights Commission, and occasionally in local ordinances aimed at discriminatory practices. If he is aiming at the elimination of discrimination, how does the social group worker function here?

It is not necessary to reiterate the channels open to social workers who wish to participate in social action. They can use their professional organizations. They can join organizations which work on this problem. They can, in some agencies, bring to their agency boards or to the legislative committees of central bodies the issues as they arise. They can, as private citizens, write their representatives and call them when they are at home building their political fences. The methods are too familiar to need further elaboration.

I wish, however, to raise certain questions about the effectiveness of social action as practiced by social group workers and other advocates of the expansion of community services or the extension of civil rights. Let us return to our ladder of social goals and descend to the second rung, the elimination of discrimination and segregation. As we try to implement that goal through social action, different skills are required, and there arise problems different from those we have earlier discussed. Here again we need a kind of social strategy and tactics, this time in terms of broader social change.

Social group workers and other social workers are, I believe, on the whole, politically immature and at many points socially naïve. The history of social reforms movements is strewn with wasted efforts, mis-

taken policies, interorganizational conflicts, and inept methods. Too often we have to comfort ourselves with our good intentions rather than our actual results, not facing the fact that we are merely laying these down as paving stones on a road that too often leads us nowhere. Here, too, I am suggesting that we need clearer goals and more careful scrutiny of our means. Social action, like other methods, needs to be examined, and experts need to be developed among us.

If we wish to function as individual citizens or through our professional organizations, how do we go about it? Presumably, our most effective method is to discover some existing organization already expert on this issue. Two at once come to mind, and they are available nationally and in many communities: the National Association for the Advancement of Colored People and the Urban League. Others, such as the American Civil Liberties Union, are also working in this field. The first step is to make a discriminating choice based on knowledge of the reliability and effectiveness of the organization. We are here often confronted with a serious dilemma. We are living in a period in which there is not only a great deal of organization for social purposes, but in which mutual recrimination and suspicion exist between advocates of social causes. Some of this is a reflection of current social hysteria. We do not want to contribute to this nor agree to limitations on free speech and free assemblage. Unfortunately, there is a certain reality with which we must also deal. There are undeniably some organizations whose support injures rather than helps a cause. Strange bedfellows produce, in a kind of social miscegenation, organizations which are not what they seem. To be innocently idealistic in such a world is not only dangerous to oneself but, worse than that, harmful to the very causes one wishes to promote. To participate wisely and effectively, therefore, requires sophistication and discernment as well as courage and idealism. One has to learn not only to distinguish honesty from dishonesty—by no means a simple problem—but also to detect the difference between honest illusion and social realities. To do this effectively we must know what organizations can be trusted to work for their stated aims; what ones are a liability to any cause; how efforts can be coördinated by joint financing and staffing. In many of these questions we should use our knowledge of group behavior as applied to such organizations. We should require and help to produce in the organizations we join the same democratic

methods and single-minded integrity at which we aim in the group with which we work. More than that, we must again be politically and socially more mature. Innocence and good intentions alone do not win legislative campaigns. If we wish to work for such goals, we must be willing to learn the effective techniques of social action as individuals and as groups. We need more concrete knowledge of effective ways for both individuals and organizations to make themselves felt on these issues. We must learn better how and when there is value in resolutions and testimony before legislative hearings; how to carry the humdrum but essential functions of communication between the citizen and his legislators; how to vote more intelligently; how, in view of the needs and the pressing demands of the job, even to keep informed. Unless we master details here as in practice, good intentions and lofty aspirations remain helplessly at the top of the ladder unable to descend to earth.

It must appear that this is indeed a long and tedious road. To affect attitudes between Jew and Gentile, Negro and white, through the way we organize clubs or introduce activities, to struggle year after year to abolish the poll tax or get an F.E.P.C. law, is to take a slow boat indeed to a better society. When one embarks on the larger issues, the whole weight of social inertia, of entrenched customs, of bigotry and confusion, and sometimes of deceit and violence, stands in the way. These are real and major obstacles whether we pursue our goals in the immanent or in the transcendent dimension. I am reminded of a remark made by William Butler Yeats:

I was always planning some great gesture, putting the whole world into scale and my soul into the other and imagining that the whole world somehow kicked the beam. More than 30 years have passed and I have seen no forcible young man of letters brave the Metropolis without some like stimulant: and all after 2, or 3, or 12, or 15 years, according to obstinacy, have understood that we achieve, if we do achieve, in little, diligent, sedentary stitches as though we were making lace.²

Perhaps it is only in small, diligent stitches of the kind I have been suggesting that any of the socially desirable ever comes about. Whether we are aiming to affect individual attitudes, change community custom, or promote social legislation, we must be willing to develop our tools, to apply what we know with persistence, intelligence,

² William Butler Yeats, *Autobiography* (New York: Macmillan, 1938), p. 135.

and courage. When such stitches are consciously seen as contributing to a larger pattern on which we hold firm conviction, that realization helps to produce both patience and perspective. It is that which gives the daily effort its only and its adequate significance.

Community Organization: Manipulation or Group Process?

By DONALD VAN VALEN

THE COMMUNITY ORGANIZATION WORKER is confronted with the continuing task of trying to understand the dynamics of human relations in the groups with which he is associated. To achieve this understanding, he must have some basic convictions which in turn must be reflected in his actions. One of these is that citizen participation to its maximum possible extent is essential to community organization programs. Another is that any community organization activity should be a shining example of the democratic process. Another is that in all community organization projects there should be application of the scientific method. Further, reaching through these and essential to lasting accomplishment in community organization is good communication.

Citizen participation as illustrated, for example, in a committee situation means that full opportunity shall be afforded committee members for genuine involvement in the problem faced. Such involvement precludes the concept of "using" volunteers. If the community organization worker is using volunteers, they are certainly not using themselves as members of the group, and the worker may well be guilty of personal manipulation of people to achieve an end decided upon by him, and thus reject before they are advanced the alternatives which the committee members may find. For if the vaunted concept of citizenship participation in community organization is accepted, the community organization worker is ethically bound to respect the participating citizen's right to a viewpoint, and to encourage that right to the end that his viewpoint can be reached on the basis of facts as commonly available to him as to the worker. Thus we must give very real study to method and to process in order that this basic right of the participating citizen may be upheld and advanced. Such study must contemplate recognition in depth of the dynamics of groups.

The worker's job is so to relate himself to a committee group that its members may develop the highest sense of responsibility toward accomplishment of the task with which they are identified. A worker should not believe that he may outline projects himself and then ask citizens on committees for their perfunctory approval. Nor should he believe that he may outline projects and then move upon agency executives or other individuals, and attempt to secure support without group discussion by all of those concerned. It is necessary that we continue to test and apply methods which will bring more and more people in the community into positions of responsibility for sharing decisions about social welfare services. We as community organization workers cannot presume that we have any responsibility for telling these groups what to do or what they should decide. But we must so handle our relationships with them that their combined thinking will result in joint constructive decision-making.

Closely related, then, to the concept of citizen participation is the belief that a community organization worker must accept the democratic process; that the democratic process is essential and inherent in adequate community organization practice. The phrase "democratic process" is somewhat abstract and subject to many interpretations. But perhaps our key to a richer understanding and acceptance lies in a perception of the nature of democratic leadership as having little to do with content and subject matter, but very much with process. The community organization worker knows that on practically any committee there are people who as content-resource persons are far more knowledgeable than he. His job has to do with committee productivity. His professional role is one which includes fulfillment of a leadership position in such a way that he avoids first the pitfalls which arise if the committee situation has laissez-faire and anarchic characteristics, and secondly, the shallow victories incident to decisions reached by the autocratic pressures usually inherent in formalized group settings. The community organization worker has a far-reaching responsibility to estimate and evaluate group situations in order that he may discern to the best of his ability how he may assert genuine, dynamic, democratic leadership. Over and over we find that the community organization worker by the very nature of his job is in a leadership position, a circumstance which in itself requires study. A test of his ability in professional practice is whether or not he can through careful appli-

cation of democratic leadership so handle his relationships with groups that they themselves will become leadership groups. Then the original position of the worker becomes less significant as the group grows in its own strength and in its own ability to make decisions. A worker may then become perhaps a resource person in the area of method and process.

A third basic element in community organization practice is that the application of the scientific method is essential. As implementation to the concepts of citizen participation and democratic process, the conscious application of the scientific method is most important. The members of a committee should be a part of the procedure in which facts are collected and developed, from the very outset. This does not deny the validity of having a specialist in social research as a resource person. But the committee itself should be involved in a determination of needed facts. The committee should with suitable discussion handle these facts and develop them into hypotheses which in some instances may be self-evident conclusions, or which may have to be tested in action in order to determine their validity. Information which develops as a part of the living experiences of committee members has far greater significance at the action end of the project than if the material were made available as a study by an expert not of the group.

This application of the scientific method might be described as consisting of a number of overlapping yet separately discernible processes which together form the whole. These are: development of interest in the problem; determining what information is needed; collecting and organizing the information; hypothesizing from the information; examining and testing the hypotheses; moving into decisions about action; laying plans for action; taking action. So important are these, that elements of structure, are, if we are to achieve community organization objectives, so secondary a consideration as to be not far from irrelevant. The important thing is relationships. For if these concepts of citizen participation, and use of the democratic process, and application of the scientific method in community organization are accepted, the worker is bound to respect the role which committee members play as they become related to the fulfillment of their objectives. The worker can, if he will, believe that his own individual viewpoints and opinions are, in the light of application of appropriate process and

method, of vastly less significance than the shared group thinking and conclusions reached in committee; that all else must be subordinate in this view of the community organization job.

The accomplishment of such a task as has been suggested here is fraught with the greatest of difficulties. This is true chiefly because we have had little laboratory experience; this, in turn, may be so because of our failure to maintain or even to know how to maintain really adequate process records. Perhaps, however, we may scrutinize the roles of community organization workers in certain actual situations, testing to a limited extent how there was involved citizen participation, the democratic process, and the use of the scientific method. Also we must look at the troublesome subject of communication; first within the group itself as a group including the worker; secondly, between the worker and the group; and thirdly, the communication from the members of the group back to the organizations which they represent. These are limited tests, limited experiments, and in no sense are they adequate to our needs except as within the limitations of this paper they may be constructively suggestive. They are offered to point up the kinds of difficulties with which we are confronted and to offer some few suggestions as to how these difficulties, chiefly in communication, may be partly solvable.

In one instance there was a problem which involved three public agencies and one private agency, all operating within a given segment of the child welfare field. While each one presumably had its own distinct function, differences had been arising over questions of function, with the usual misunderstanding about overlapping and gaps. Here was incipient conflict. The first noticeable fact was that these agencies, and particularly the executives of these agencies, were not communicating well with one another. The community organization worker went out to get the facts after request for committee activity. There was a conference with each one of the agency executives, some reference was made to material in the worker's office and then there were study and review of the observable facts then at hand. With these were considered certain untested opinions of the agency executives.

This gathering of information took many hours and eventuated in the composition of a fairly brief memorandum describing the problem at issue. The worker's effort was to state the essential problem which she discerned amidst the welter of opinions and verbalizations. It is

important to note that she attempted to understand and relate to the total situation the possible motivations of each agency executive. The statement was sent to the four agency executives and to a vice chairman of the council of social agencies. He was also chairman of a committee to which the problem would be referred if the agency executives were unable to work it out together. A discussion meeting was then held. After one hour and ten minutes one agency executive agreed to relinquish a function. There was some further realignment of functions among them; and all agreed, in order to help solve a common problem, to call on a city official and endeavor to secure his approval of a new function in a city department which would be of help to the program of services of all four agencies.

This sounds like something of a success story in simple form, a capsule of community organization. Here are some of the elements which we can see in this situation: It was noted that in each conference between the agency executives and the worker, each executive talked about his own problem. The worker realized that if these four people were simply called together to discuss their differences, each one would present his or his agency's viewpoint. Very likely, each one would also include as fact subjective feelings about that viewpoint, thus creating a situation in which would be accentuated the hazards already inherent. So there was very careful framing of the memorandum as a means of structuring the meeting around a statement of a problem which each could recognize as in large measure his own. This characterized a vital leadership responsibility exercised by the worker. It was necessary to find a common basis for communication among these people; and with that found, it was to be expected that the opportunities for full discussion and reaching group decision might be notably advanced. Apparently that is what happened; for in the brief time these people were together, the discussion was clearly around the problem advanced in the memorandum, and this small group reached decisions because, in large measure, the community organization worker had rightly estimated what might happen when the group met together.

There was, of course, little element of wide citizen participation here; however, there was definitely a threat of more extended citizen activity. The council vice chairman would not have hesitated to carry this subject to a committee which included a number of strong citi-

zens and which had a relationship to this field of service. While the element of authority may be suggested here, it was, after all, simply the kind of authority which citizen participation on a voluntary basis can assert either directly or indirectly. It is also noteworthy that in the discussion during this brief meeting the community organization worker had very little to say, so skillfully had she done her work, so well prepared were the other members of the group.

Of course, the real test is not only what happens in the conference, but whether the decisions are carried out within the agencies. It is good to report that in another meeting some six weeks later, called in order to check the situation together, it was clear that there had been some real progress in carrying out these decisions. However, it would appear likely that more progress might well have been made had the worker taken time to estimate what might happen when the individuals carried the decisions of the group back to their organizations. The second meeting consisted chiefly in a reaffirmation of the continuing job to do in this field as these people worked together. The ideal of complete fulfillment of agreements reached in the first meeting was approached but not entirely accomplished.

In this situation the conflict elements were sharply modified, if not almost entirely eliminated, by an adequate job of creating a common wholeness in which communication difficulties were kept to a minimum. The observable facts were used to reach a hypothesis, which was the worker's statement of the problem; and this in itself, accepted as it was by the members of the group, contributed to the permissive atmosphere in which the discussion was carried out. It may be noted too that the council vice chairman assumed the discussion leadership early in the meeting, to the satisfaction of the worker. It was further quite clear that the group reached its own decisions and solved its own problems. The worker did not have a set of answers ready just in case they might be needed; she depended on group process, and not upon even the possibility of bringing in manipulation in order to get something done.

From a rather extensive process record in another community organization undertaking we can now look upon a committee which was responsible for carrying out a major council of social agencies project. The worker might recall the history of this committee somewhat as follows: Here was a new committee in a field which had been relatively

unexplored. There had never developed any essential feeling of kinship among the people, professional or volunteer, who were identified with the several agencies operating in this field in the community. Reports kept coming in to the council office that there were various and sundry problems, including some in which there were serious inter-agency misunderstandings and actual conflicts which threatened to undermine the administration of those agencies' services. Accusations and counteraccusations were relatively common. Beyond this too, it was evident that there was no real plan for the orderly distribution and development of the services. People both within and outside the agencies involved declared that the council ought to do something about it.

So after clearance with the council board, the worker sent out a feeler inquiry to the agency executives to test attitudes about the formation of a committee which would be of direct concern to them and their programs. The response was altogether favorable. Then, in consultation with the council chairman and others interested, including the central volunteer bureau, committee appointments beyond agency representatives were made. These consisted of nine volunteers, unidentified with any of the agencies in question, who had displayed responsible civic interest and were sufficiently representative so that the committee could be somewhat balanced. To each of these people, after they had accepted the committee appointment, the worker sent an inquiry form, which he also sent to the agencies involved, in order to find out what the committee members believed might be the problems which the committee should study and solve. The forms were returned without signature and without identification. Furthermore, they were, for the most part, returned within the suggested time. These replies were tabulated and sent back to the committee members. All of this took about two months, and represented the view that this kind of process might pave the way for a much better prepared committee than if all the people were simply called together and given a straight verbalization of the alleged problems.

Along with the announcement of the meeting went this statement:

The Council of Social Agencies has had many committees working upon many kinds of projects. These committees have had varying degrees of success in achieving their objectives. Quite frequently, I have noticed, committee members tend to differ, and offer personal opinions which are not

supported by facts. The result all too often has been a fumbling around and an inability to get very much done in the course of a given meeting. It would look as though committees which are usually composed of mature adults frequently become immature groups.

Our committees are composed of busy people, and the problems facing them in committees are crying to be solved. There is every reason, I think, for committee members to be conscious of methods of getting results.

This proposal is offered: First, that each committee member be aware of the need to have facts; that opinions, the touchstone of misunderstanding and argument, be withheld as far as possible pending the collection of facts on the subject under review. Second, that each committee member take personal responsibility for contributing to the group discussion and inquiring about missing information. Third, that a small amount of time be taken at the close of each meeting for review of what has gone on in the meeting; this for the purpose of becoming aware of where and why the committee stumbled, went off the beam; or why it was a good productive session, so that we can be guided in future meetings.

The idea of being alert to the process of the meeting as well as to subject matter is presented to you simply to suggest that if we can be aware of our over-all group behavior we can become more efficient and reach our objectives more quickly.

I am fully aware that this statement to prospective committee members is most unusual, but as Director of an organization which is charged with achieving results, chiefly through committee activity, I cannot be other than aware of the necessity for making committee members alert to things which can be done to keep the committee wheels rolling smoothly.

The worker could not estimate what effect this statement had on the members of the group; he did note that at least half of the members subsequently spoke favorably of it, and he felt that very likely it was helpful in conditioning them to an acceptance of the idea of thinking about the methods used in the committee proceedings.

At the first meeting, seventeen of nineteen committee members appeared. They found their seats around a large table, and each one sat behind a folded card which bore his name. The card was so set up that all other committee members could see the name and the individual behind the card. At each place was a brief, written recapitulation of all that had gone on in the early involvement process. The meeting opened with a short statement by the community organization worker which was, in effect, the pointing up of the committee's responsibility to achieve real planning and action results over a considerable period of time; and that the committee had the responsi-

bility of determining what steps it could take and what steps had to be postponed. He also mentioned several of the conflict areas previously reported to the group. Discussion immediately became general, yet there was no evidence of emotion.

During the discussion the worker made a conscious effort to refuse to give his opinions as to how certain problems might be solved, and threw them back at the group as best he could. A later analysis of this meeting, which lasted exactly sixty-seven minutes, disclosed that 100 separate comments were made by those present and that fifteen of the seventeen people talked. (One of those who did not take part was quite deaf.) The worker also noted with interest that out of the 100 separate remarks, he himself had made thirty-seven, and he decided that he would make a similar check in succeeding meetings in order to determine, in a small way, whether members of the group were taking more responsibility for valid group membership and group leadership. There were other elements in the analysis of the verbal contributions at this meeting, and these were invaluable later as the worker attempted to estimate what had happened and what were the strengths and what were the weaknesses.

Quite specific decisions were reached as to the work of the committee, and there was even some detailed development in this meeting as to certain additional facts which were needed before the committee could move very far along. A blackboard had been available for listing major points in order that they might be kept visual. The worker in the end took the responsibility of summarizing briefly the content of the meeting, feeling that even though the members seemed to be generally effective in this first conference, none would be sufficiently strong to hazard so difficult a task as a summary.

As the community organization worker contemplated the next meeting of the committee he thought of one of the recommendations for which he had responsibility. He realized that he had been given and had accepted a somewhat vague and broad assignment to obtain certain information, interpret it, and suggest plans. He realized that this was a tossing off of a responsibility by the committee (or perhaps he just grabbed it). He saw that in this particular recommendation there was no real participation of the committee members beyond their apparent agreement that he was to do this piece of work. There was no opportunity offered for a genuine discussion of the steps which

were to be taken, of the methods whereby this might be accomplished most effectively; he realized that as far as this particular committee recommendation was concerned there really had been no presentation of facts which might have suggested that it had real validity.

In considering this problem the worker knew that unless he was very careful one of two things would happen. The first alternative was that he would present his material, and the committee would in a general way accept it. This would place him in a clearly authoritative position; he would have spoken, and the committee members would have accepted his findings and views. He would be giving positive direction, he would be having his way, his professional status would be recognized. The worker realized that this precedent would condition the group to believe that perhaps he had some decisions that he wanted them to accept. He also realized that in this event there would be a decreasing amount of ego involvement on the part of the committee members, to the detriment of participation and democratic process.

The second alternative was that the committee might reject his report. Such rejection might be by the committee generally, or perhaps by a slight majority, which would bring in the added problem of a "power compromise." The worker recognized that as he would present his report he would be in somewhat of a prestige position. He realized that he did not want to be in such a position but he also felt that if he were, perhaps it would be worse if he were quickly knocked out of such position by the group itself. He wondered which would be less serious to relationships. The worker did not satisfactorily work out a solution to the problem. However, he did know that there were features in the total situation which were constructive, and these were related to other interests of the committee. So he considered how these positive features, these strong features, might perhaps be given more stress by him at the next meeting or perhaps in preliminary material even before the meeting, so that the committee would gather around those elements of which they as members would be more of a part. He then might offer his report very simply and endeavor to encourage discussion after there had been participation in the more familiar subjects on the agenda. Thus the element which might weaken the committee might be somewhat tempered.

The worker also realized that in this committee experience, in which process was being tested along with movement into subject

matter, he needed to have some conversation with the committee member who acted as group process observer. The observer, it may be noted, possessed some skill in analyzing and understanding the elements of strengths and weaknesses in group situations. She had reported to the group at the close of the first meeting, indicating that it had achieved something as a group, all circumstances being considered, and that there were certain elements of strength which could be used in future meetings for further accomplishment. The worker had noted that the committee members were extremely interested and pleased with this impartial statement. The community organization worker did talk and share views with the observer. So he moved into the second meeting having been, he felt, as carefully prepared as possible through thoughtful estimate of the whole situation; the parts that individuals might play in it, and how he might give some guidance and help without being authoritative. He recognized, however, that perhaps he might be considered in an authoritative role by some committee members; for he knew that most if not all of the committee members, in long community committee experiences, had been rather extensively conditioned to formal situations in which one person took a dominant role in directing the group.

The scheduled routine of the committee and its activities was seriously impaired when there was a loss of personnel services on the staff of the council; consequently, continuing testing and experimentation with process was somewhat hampered. It is interesting to note that the worker had become concerned about a development in the second meeting when a number of committee members brought colleagues. The effect of this on group growth was immediately noted; here was a different group, and the worker found a decreased effectiveness, as did the group process observer, owing probably to the fact that some of those present were much more involved in the committee work than were others. The observer also noted in his remarks at the close of the meeting the shifting role of the worker as he had endeavored to work through the unexpected and unanticipated problem of group cohesion. The worker was, however, impressed after the second meeting by the prompt voluntary response of several committee members to serve on subcommittees which the group set up to do some of the spadework.

We may note that the community organization worker took time to

study the strengths and weaknesses of this group with the view that he might be able to direct attention to those things which they could tackle effectively themselves and upon which, in his estimate, they might be able to make decisions. Thus as these committee members found themselves accomplishing something together their sense of group strength would increase and their sense of responsibility be enhanced. The worker believed that he noted clear acceptance of the planned effort to put into effect the democratic process. He also noted at the outset that apparently the people involved were conscious of the need for facts and more facts upon which they could base their decisions. Outstanding, however, was the evidence that the conflicts, with one exception, had been identified and recognized in large measure as problems. The worker did not believe that the elements of conflict had in any sense vanished, but he felt that his efforts to pave the way for the group to look at problems had been well rewarded.

Meanwhile, there remained the question of communication from the members of the group who were identified with agencies, to the agencies themselves. The worker deliberately held this in abeyance until the group might find itself strong enough to tackle it as a whole, so that it would be looked upon not, from the standpoint of one committee member going back to his own agency, but of all committee members looking at all agencies and consideration of how the boards and staffs thereof might receive common information about the committee's work. The worker later regretted this decision in view of the fact that agency people were undoubtedly reporting back anyway.

The worker felt that the committee had in large measure found its job through the discussion process and not by specific direction of the worker, who endeavored to be the helper, the enabler, throughout. The worker in looking back, however, at one of the meetings, found that he had given some positive direction in overcoming a deteriorated situation in the group as a whole, which was traceable to the presence of people who had not shared the kind of communication which the original group members had experienced. He decided that in all future committee situations he would recognize that precisely the same group of people does not come consistently to every committee meeting, and that a consideration of this phenomenon would have to be made in all further estimates of committees with which he worked. He did feel, however, that his efforts at overcoming the somewhat dete-

riorated situation might have been constructive. He had encouraged discussion, about subsidiary projects in which members could take part. This, in turn, he felt would establish a greater likelihood of member participation in the group as a whole. Perhaps the outstanding failure thus far, he noted, was that there was one real conflict situation continuing, toward which there had not been developed an objective working approach. He noted with interest that this seemed to be continued because of one agency's integrated operation in its national organization's program, into which local movement seemed impossible.

There was another instance in which a worker had the responsibility, as he saw the situation, of presenting certain questions to the council board. There was an accumulation of evidence that some rather drastic readjustments needed to be made organizationally in order that the council could more effectively fulfill its purpose in community organization. The board met with about thirty present around a large table. The problem was presented verbally by the worker; three people responded to the suggestion for discussion. Further probing by the worker elicited the information that the subject was too complex and too comprehensive for ready general discussion even for these, the most informed citizens in the community on this particular subject matter. Finally, there was referral to a subcommittee to study and review the whole situation and report back.

This was done, and the community organization worker prepared a considerable amount of material, both written and in chart form, for the five people who with the chairman constituted the subcommittee. This group, after meeting, prepared the report which was later submitted to the board. However, the nature of the submission of this material was not left to chance. It was set up in brief and fairly graphic form, each committee member first having tested it against his own perceptions of the discussions in which he had been a participant. Consequently, the report to the board represented good, over-all communication from the subcommittee. This material was sent out with the announcement of the meeting.

Perhaps the chief characteristic of this board meeting was that instead of having one large table around which the members sat, there were several tables, and around each one five or six people gathered. The plan was that a member of the subcommittee would be the dis-

cussion leader at each table. These small discussion groups carried on right through luncheon and for fifteen or twenty minutes more. Then a report was made from each table as to their observations, recommendations, and further comments. These were listed for further referral to the subcommittee. So far advanced was clarity of the issues at this stage, that the motion was made that the subcommittee prepare this material for final approval at the next board meeting the following month, with the view that it would then be ready for broader dispersing among the members of the delegate assembly.

Here is a relatively simple situation; but it has a number of interesting features. In the worker's first presentation of the problem, in which all present would have admitted real interest, there was almost no participation; there was no democratic process; further, there was a statement of the problem given, but without fortification by facts which the group members could know and accept as facts. Thus the communication was extremely poor. The worker in the first instance had not given a preliminary estimate of this group situation. But in that first meeting with the board he could have devised some clever ways to achieve some of his own objectives. He could, for example, have recognized the somewhat abstract nature of the problem, persuaded several members in private conversation to support his views, and then they might very well have laid the way to a parliamentary approval of what he wanted.

Manipulation of people by a community organization worker is relatively easy in many instances. But upon what convictions can such manipulation be based? By what definition or description of the community organization worker's job can there be admitted any such personal manipulation, any autocratic handling of his responsibilities? Yet if the fear of having a laissez-faire committee situation besets him, or if he thinks he has too many jobs to do, he may make major decisions affecting the community practically alone and solely upon his own judgment.

In another type of problem there was conflict arising from competition among several people, each of whom was administratively responsible for one part of an over-all, community-wide operation in the health field. The problem was presented by one of these administrators to a group of about twenty people, all of whom had a genuine in-

terest in how it was to be solved. The suggestion was accepted by the group that there might be advantage in having a visual demonstration. So three persons from the group sat together, somewhat as a small committee might, and in front of the people present they discussed the problem as though they had been by themselves. The rest of the group, observing what went on, discovered far more of what the problem entailed than they had realized heretofore. When this role playing was finished, the extensive and wholehearted discussion in the group, after groping for points of discussion previously, led to vistas of problem-solving which certainly had not been contemplated.

Of real importance here was the insight achieved by the administrator who presented the problem originally, who let the group know that her own motivation had been at fault as she had failed to give sufficient recognition to the essential relationship of her own special problem to the whole community-wide program of which it was a part. Role playing was used in a simple, limited way. Members of the group perceived, however, through the discussion in the role-playing situation, that the original statement of the problem was fairly superficial, for there was need for real analysis and discussion of certain elements which earlier had been accepted as simple facts, or had not been recognized at all.

Role playing is a difficult, and can be a dangerous, technique, but when used with skill it can and has isolated problems which had not even been sensed but which were inherent in the situation. Its possibilities for enlisting discussion and eager participation when used appropriately can be very great. It is of importance to note too that role playing is of the democratic essence, for it does not lend itself readily to manipulation, if at all.

The community organization job can be construed as difficult and time consuming, and fraught with questions whose answers we are just beginning to ascertain. The task may be difficult because we have not yet had suitable, objective testing of our experiences. From such testing would emerge basic elements of method and process which would be complementary to our basic convictions. We have done little to relate theory to practice. We do not even have much of a language, the first tool of communication, by which we can readily describe for our common understanding the meaning and significance of our pro-

fessional experiences. We can list our functions but we stumble as we endeavor to relate, not only how we do our work, but also why we carry out a task in certain ways.

We are constantly in situations from which a change of some sort is expected to emerge. The community organization worker must somehow look at himself and understand his own motivations in relationship to the need for an indicated change. He must do this in such a way that he may be able to discover how he can help others who are working with him also to become aware of the need for change. He must know how to structure a situation so that there is the greatest likelihood of genuine collaboration among the individuals concerned.

We may be reminded of the finding by Leighton, as reported in his book *The Governing of Men*, that every group has its own systems of belief. Our committee groups consist of people who are in large measure identified with other groups. Frequently they are representatives or delegates. Thus the worker has a primary task of finding ways whereby communication among members can be so effected that a new group can find its own systems of belief as the members may be associated together around a problem common to all of them.

One of the great difficulties which the worker may face as he attempts to evaluate a given committee is that of endeavoring to understand the motivations of the people who are on that committee. He does find hazards as he attempts to estimate the motivations in order that he may discover those elements in the group which may contribute to its productivity, and those which may serve otherwise. He can draw extensively from the theory of social psychology. For example, much can be learned from the discussion of ego involvement in a book by Muzafer Sherif, *An Outline of Social Psychology*. Kurt Lewin's posthumous volume, *Resolving Social Conflicts*, is another source of important theory in which there are definite examples of relating theory to action. Certain issues of the *Journal of Social Issues* have invaluable material which can serve well the community organization worker.

The advancement of citizen participation, the democratic process, the application of the scientific method, involve much more than the statement that they are desirable and necessary. To carry out convictions based upon these concepts the worker needs to understand something of group member roles and actually take time to study them. He

needs to be aware of what is involved in group structure; of the nature of group cohesion; of the effects of premeeting and postmeeting communication; of measurement of group movement; and awareness of group sociometry. These and many other theoretical concepts can be related to actual situations if the worker will, instead of depending on what he thinks is his own good sense, really endeavor to assess each group situation with which he is identified. He needs to find its strengths and weaknesses so that he may be in a better position to help it to achieve ever higher levels of productivity.

In general, we have not yet developed in the community organization field the kind of disciplines for the worker's job which may, dynamically, influence him to consistent, constant practice in which there is orderly effort to implement his already accepted convictions. In the milieu of the community organization worker's daily life, amid the confusion of telephone calls, unexpected visitors, suddenly developing problems, conferences, and all, we must, if we are to achieve perspective, realize that we ourselves should somehow plan to take time to create our own professional disciplines.

I have presented some very limited examples of efforts which have been made by workers to advance the quality of their perceptions in order that they might carry out their jobs more successfully in the light of their convictions. It is noteworthy that each has much to learn. It is also noteworthy that in each situation it would have been much simpler to have developed devices for manipulation, with the view that the job would have been accomplished more quickly. The workers learned much more than has been described; this was a somewhat intangible learning experience which perhaps can best be suggested as one in which there was increased insight about the forces which operate within groups. They learned too that such perceptual experiences are difficult to communicate to others. They learned of more effective ways of fulfilling their responsibilities as they took time to look ahead and look back upon the course of these projects. This was a looking based upon a vital sense of the obligations inherent in their roles as professional social workers.

As we shall achieve greater skill in isolating needs, so must we achieve greater skill in improving group process in community organization as our only way of solidly building the channels through which needs shall be effectively met. These channels are made of good

communication. Our greatest hazard, as in most human relations matters, is lack of understanding. But as we use good process, good method, we improve communication in our committees and increase the likelihood of good communication to agencies, to organizations, and others in the community.

We have two major roles as community organization workers. We must help our committees work through the data and information with which they are frequently confronted. Then they may as groups reach their own decisions as to the need for a particular, but not predetermined, change. We have then the added role of being helpers in overcoming the cultural and psychological resistances to changes whose need has been democratically and scientifically established through productive participation. We are social scientists who are somewhat unsure of ourselves in such roles. Yet we have a great possibility open to us in finding how we can be sure, simply by the study and evaluation of what we do in our jobs, the way we do it, and why we do it. Out of this will come our methodology, our disciplines. We must be willing to accept the possibility of some failures from which we can learn much; for we need to be willing to support our convictions at some possible cost as we move on, rather than revert to the manipulative bag of tricks which may offer temporary panacea, and which, because it does not carry participants along, does permanent harm to community organization and hence to the community which we strive to serve.

Research in Social Work—A Frame of Reference

By JOHN S. MORGAN

WE NEED TO BE more strict in our conception of "research." Too often we follow the fluctuating extremes of fashionable opinion and label the process of justification for doing so, "social work research." Philip Klein makes a distinction between "research" and "investigation." There are other distinctions which must be made. "Research" and "survey" are not synonymous terms, although they are often so used. "Research" and "statistics" are not synonymous. "Research" and "experiment" are not synonymous. "Research" and "study" are not synonymous. The error is that the end has become confused by the means. Investigation, survey, statistics, experiment, study, are methods or instruments of research which may or may not be valid in order to answer the question posed for research.

I think we have here the first essential piece for our frame of reference. Research is fundamentally the process or processes by which we seek the answer to a question or questions posed.¹

Here I take issue with one interpretation of those presently fashionable phrases, "action research" and "operational research." There are a number of people in the social work profession who think that research has little value unless it is directly related to the solution of some immediate social problem. They feel that research which does not end in recommendations for action is so much time and money wasted. I was deeply impressed by a statement of Sir Lawrence Oliphant, Australian professor of atomic physics. He warned us that neglect of pure research—that is, research aimed, not at the production of atom bombs or radioactive medical substances, but at the answers to questions about atoms irrespective of the immediate usefulness of the

¹ *Research in Social Work: a Report of the Workshop on Research in Social Work*, sponsored by the School of Applied Social Sciences, Western Reserve University, June 16-20, 1947 (New York: School of Applied Sciences and American Association of Social Workers, 1947).

answers—would soon dry up the sources from which applied sciences drew their strength and their momentum. Where is the pure research in the field of social work? I can think of no adequate answer.

I have only questions to offer, at this point. Our profession has developed largely on an empirical basis. The great pioneers each defined for themselves an area of human need and prescribed for themselves, usually on a series of intuitions or assumptions of a very personal character, methods of meeting that need which seemed to them appropriate in the light of their knowledge and of the intangible complex of social forces of their times. Whenever their method was successful, that has been taken, often uncritically and without careful examination, as a satisfactory enlargement of social work method. Here is a fruitful field for research. We need to know why our pioneers reached the conclusions they did; why they took the action they did where they did and when they did; whether the forces which made that action apparently successful are still operative in society; and a host of other questions. I read recently a powerful essay by Professor Ulich, of Harvard University, in which he said:

If one examines the allotments given by our large foundations to technical research in educational procedures in comparison to the support given for study of the final ends of education, one gains the impression of a period so completely overwhelmed by scientific, or pseudo-scientific, concepts of educational "scholarship" that the vital element of inspiration is either forgotten or falsely taken for granted.²

If you look at the Russell Sage report on foundations,³ you will find the same to be true of social work research.

One major group of questions, then, it seems to me, in planning our frame of reference is to study the ends for which we work. To give only one example of what I think we could do, if we would, in this field of research: If social workers, with the insights to which they properly lay claim as a result of their knowledge and experience, would write the lives of the great figures of our own professional past, I think we should be nearer the answers to some of the "why?" of social work. To that end I would include the tool of historical method in the chest of social work research. Edith Abbott's account of the great pioneers⁴ is

² Robert Ulich, *Man and Reality* (New Haven: Edward W. Hazen Foundation, 1949).

³ Shelby Harrison and F. Emerson Andrews, *American Foundations for Social Welfare* (New York: Russell Sage Foundation, 1946).

⁴ Edith Abbott, *Some American Pioneers in Social Welfare: Select Documents with Editorial Notes* (Chicago: University of Chicago Press, 1937).

a document of the kind we need, and Beveridge's new book ⁵ has a somewhat sketchy chapter which reveals the paucity of our knowledge. When we know more clearly the lessons of our past we shall think more clearly of our problems of the present and plan more wisely for the problems of our future.

That is but a beginning. You will find an extended list of other kinds of "basic research" in the *Cleveland Report*. I repeat here the four main headings:

1. "The assumptions on which social work services are currently based should be tested . . .": This has a close resemblance to what I have already said about the "why?" of social work.

2. "Investigation of the nature of, and the developmental process in, socio-psychological problems involves basic research of . . ." and there follows a list of nine problems, such as marital conflict, parent-child relationships, and so forth, which could be indefinitely extended by any alert, trained social worker.

3. "Research method itself is a field for basic research"—and on this point I want to elaborate a little later.

4. "Division of function between public and private agencies": Of this I have myself some doubts as an area of basic research, but the very fact of having doubts would justify, perhaps, some careful examination without some emergent crisis as its immediate point of departure.

I come back now to a question which I raised earlier. While I do not think that "action research" is the only kind, or even necessarily the most important kind, of research in social work, I think it has a vital place in our frame of reference. A certain pamphlet analyzes the aims and methods of operational research and action research as follows:

In summary, the essence of action research would seem to be research evoked by felt administrative needs, directed toward both social satisfaction and scientific knowledge, and conducted by an integrative team of specialized techniques, at the grass roots. It employs both laymen and non-specialized administrators under the direction and co-ordination of individuals possessed of structural insight into the organizational requirements of a broad common purpose, by which all the participants are inspired.⁶

⁵ Lord Beveridge, *Voluntary Action* (London: Allen and Unwin, 1948).

⁶ H. A. C. Dobbs, *Operational Research and Action Research* (Washington, D.C.: Institute of Ethnic Affairs, 1947).

If I understand this correctly, it has a valuable contribution to make to research in social work. In the first place, it makes it quite clear that the questions posed for research should come out of the doing of social work. The right question will not be plucked out of the pure air of higher thought, nor will they appear by some obscure mental processes in the minds of "research directors" or even more horrible people called "research personnel." They will be raised by alert, sensitive, trained, and curious minds in the course of the job.

Secondly, Dobbs emphasizes the need for teamwork in social work research. Our profession has borrowed much of its basic knowledge from other social sciences. I am compelled to endorse the sharp criticism which Philip Klein made in 1948:

The best way to realize how limited is our conversion of this contiguous scientific material is to compare the use that is being made today in our social work subject matter of psychiatry, with that of vital statistics, demography, contemporary cultural anthropology, economics, and industrial relations.

Thus our frame of reference must include a number of props from the social sciences, and we have a task ahead of us to get these props into proper alignment. We have to do something about the near-idolatry of psychiatry to which Klein refers in a more polite phrase. Psychiatry has its place in the medicine cupboard, but we shall do an ill service to our profession and to our clients if we persist in using the same prescription for every sickness of man and society. We have yet to learn to use effectively the specialists in other disciplines. It seems to me that the team approach to research is a most essential device. We have tended to apologize for the presence of social scientists from other disciplines in some of our research, and to undervalue the results of their work, when we should be employing more of them and employing them better.

Let me cite only one example. There could be no more pressing complex of social problems today than those pertaining to the aged. A monograph issued by the Social Science Research Council makes it clear that this complex of problems will need research in a wide range of disciplines if we are to come anywhere near to solutions.⁷ This pub-

⁷ Otto Pollak, *Social Adjustment in Old Age* (New York: Social Science Research Council, 1948).

lication charts a coherent pattern of ignorance which should provoke all of us to thought and action. It shows clearly the need for a planned series of studies in geriatrics, demography, sociology, community organization, casework, social group work, social administration, law, and many other disciplines and skills. This report is, in itself, notable basic research, rooted in teamwork and then synthesized by the application of a single trained mind to a mass of documentation by specialists from other disciplines. We need similar charts of our ignorance in social security, in child welfare, in family relationships—in almost every one of the familiar areas of social work practice.

A third feature of action research, as defined by Dobbs, is its insistence upon the part which laymen and nonspecialists play in effective research. Klein made some justifiably acid observations:

I must nevertheless say that boards and executives have an incredible inertia about accepting and implementing findings, this inertia being in the nature of vested corporate and ideological interest and natural human defensiveness.

Without doubt, a major part of this inertia is due to what my community organization colleagues would call "the noninvolvement of the lay membership in the organizational setup of the research process." Our profession has learned much and written more about the importance of client participation, of responsible intergroup relationships; and has applied practically nothing of what it has learned to research in social work. The lay public and our board and executive members have much to contribute to research in social work.

These three new parts of our frame of reference are not unique to action research, but I have deliberately used that as a peg on which to hang my observations about them, because they are characteristic of this approach to research in social work. So long as we do not permit action research to become one of the many fluctuating extremes of fashionable opinion, it has a valuable place in the techniques of social work research.

I think the framework of research in social work could be itemized under seven headings: (1) the inspiration of research; (2) the organization of research; (3) the staff for research; (4) the facilities for research; (5) the finance of research; (6) the publication of research; (7) the uses of research.

Of the inspiration of research I have already said enough to indicate that it must proceed from the tasks in hand. There is no ready-made formula for inspiration. I remind myself that inspiration came to Newton in an orchard, to Archimedes in his bath, to Pasteur in the vineyards of southern France; that Banting was a surgeon and that Fleming discovered penicillin by an accident during a quite different piece of research.

The organization of research in social work is rudimentary. The records of the great foundations present no coherent picture of policy but rather of a day-to-day—or perhaps more kindly, a year-to-year—reluctant or enthusiastic submission to contemporary pressures. I have little faith in separate research institutes to organize and develop research; there is too much danger that precedence will be given to the organization and development of the institution. I have a much warmer belief that some planning council of the kind suggested by Philip Klein in 1948 may serve our needs at this time. I suspect, however, that more than one group of planners will be needed; and I am quite sure that unless the operating agencies are closely engaged in the planning from the very beginning there will be little effective planning or coördination.

There are two other spheres in which the organization of research is important—the social work agencies and the schools of social work. Here I have little to add to Resolution I, Sections 3 and 4 of the Cleveland Workshop, except to add that these resolutions are still resolutions, and a big job of community organization is necessary before they become accepted policies. The two resolutions place a direct responsibility for research upon the functional agencies and the schools of social work.

In the universities there is an even greater responsibility than that of recognizing and providing for research in social work. That is the need for coöperative research in the social sciences, of which social work can now properly claim to be one. In this connection I would like to quote from the report of the British Government's Clapham Committee of 1946:

Even more important is provision which gives experienced scholars sufficient freedom of mind and time to make their distinctive contributions. Specialist researches can indeed be carried out by the young scholar. But, whatever may be the case in the natural sciences, in the social sciences the

difficult and necessary work of systematizing the results of several lines of enquiry calls for a maturity of mind and experience of life which young scholars are unlikely to possess.⁸

Our universities, almost without exception, are neglecting a major duty in this matter. They should be continuously and powerfully reminded of their negligence.

Another place where research in social work urgently needs organizing is in government. Governments at all levels, international, national, state, and municipal, are really included among the functional agencies to which the Cleveland resolution refers, but they deserve special mention. The research activities of the Federal Security Agency and, for example, the Children's Bureau, have made an immeasurable contribution to social work, but it is chastening to remember that they took a severe trimming from the Eightieth Congress. In Canada and in Britain adequate appropriations for research are sorely lacking. State governments appropriate millions of dollars for social services and support little or no social work research; the same is true of our Canadian provinces. Any department of defense which conducted its policies with so little reference to ascertained fact, or any industry which depended so little on continuous research as governments do in the field of social welfare, would properly stand indicted for incompetence.

The staff of research can be divided into three categories: (a) the workers in social work; (b) the research technicians; (c) the leadership of research.

Of the workers in the field I have already said sufficient. I would point the moral from something Edith Abbott wrote in 1930:

That is, social workers must be so trained scientifically that they belong in the social science group. Their thinking should continuously be directed to the research interests in their own field and they must not, in this research, be directed by someone who comes from a more severely academic atmosphere and therefore thinks himself more scientific than the person who really understands the problem that is to be studied.⁹

That is still true. It is also still true that research-mindedness, which should be an essential ingredient in all the courses in every school of

⁸ *Report of the Committee on the Provision for Social and Economic Research* (London: His Majesty's Stationery Office, 1946).

⁹ Edith Abbott, *Social Welfare and Professional Education* (Chicago: University of Chicago Press, 1931), Chap. VI.

social work, is still too often conspicuously absent. It is still lamentably true that the research requirements of our professional training curriculum are ill defined and get the last consideration in too many of our plans.

The leadership of social work research is a more difficult consideration. Because we have paid little more than courtesy respect to research, because we have appropriated little more than the crumbs of our budgets to research, because research has too often taken last place in graduate schools, we have made leadership in social work research a thankless and forbidding task. The kind of leadership we need is that which Dr. Vannevar Bush gave the natural sciences¹⁰ or which Dobbs quotes from John Collier in his pamphlet on operational research and action research:

It requires of him [the researcher] a more advanced and many sided training, and in addition a type of mind and personality which can sustain, in suspension, complex wholes and which can hold—yes and be drawn and impelled by—human values and policy purposes while yet holding them disinterestedly far away.¹¹

Put that quotation alongside the previous one from the Clapham Committee and you will see that we must add to our frame of reference the discovery of, and provision for, opportunities for leaders with mature experience and seasoned minds to take up this task of leadership.

We come now to the facilities for research. When we look at industrial plants or university buildings, we see great laboratories with billions of dollars worth of equipment. We search in vain for the laboratories of social work research. I have spoken of the need for keeping records and statistics as a necessary function of our professional job. There is an important footnote to that: we must not be so hypnotized by the need for professional confidentiality that we hide the records of our deeds from the penetrating mind of the research worker. Of the other facilities I would like to quote again the Clapham Committee:

The social scientist may not need the expensive laboratory facilities which his colleague in the natural sciences finds necessary. But he needs library facilities which are even more expensive, and his work in the field, collecting information, and in the computing room, assembling and analyzing

¹⁰ Vannevar Bush, *Science: the Endless Frontier* (Washington, D.C.: Government Printing Office, 1945).

¹¹ Dobbs, *op. cit.*, quoting John Collier in *Social Research*, Vol. 12, No. 3 (September, 1945).

what has been collected, needs outlays of considerable magnitude. The preparation of the *New Survey of London Life and Labour* involved a total outlay of £22,000 [say \$125,000 at the then rate of exchange].¹²

I want very much to include experimental methods in our frame of reference. If we have been too modest in our claims for facilities, our use of the experimental methods has, in general, been minimal. I have been thrilled by that remarkable experiment at Peckham¹³ in London, where a team of biologists is conducting research and has reached some remarkable conclusions about the pathological consequences of "social poverty"; and has devised a form of community center, which needs all the resources of social group work and community organization skills, to offset these effects.

I remind myself, somewhat sadly, that Edith Abbott wrote nearly twenty years ago:

The faculty and students of a professional school of social work should be together engaged in using the great method of experimental research which we are just beginning to discover in our professional education program, and which should be as closely knit into the work of a good school of social welfare as research has been embodied in the program of a good medical school.¹⁴

We should be so engaged, but are we?

We are often told that the nub of the problem lies in the finance of research, and that we cannot get money for research. I do not believe it. There is a lot of money available, if we know what we want and really mean to have it done. The Russell Sage study showed the estimated current annual receipts of private philanthropy in the United States of America at \$2,706,000,000 in 1945, of which some \$72,000,000 came directly from philanthropic foundations.¹⁵ I know of no reliable recent estimate of expenditures of governments, Federal, state, and municipal, on social welfare, but it must run into astronomical figures. Do we seriously suggest that a small additional percentage of this tide of dollars would not be devoted to social work research if the other parts of our frame of reference were a little less rudimentary? I think the kind of planning councils suggested by Philip Klein are

¹² *Report of the Committee . . .*

¹³ See Innes Pearse and Lucy Crocker, *The Peckham Experiment* (London: Allen and Unwin, 1943).

¹⁴ Abbott, *Social Welfare and Professional Education*, Chap. I.

¹⁵ Harrison and Andrews, *op. cit.*, p. 55.

needed to give leadership to social work research. Given leadership, organization, and research-minded social workers at every level, I think we can be less fearful about the financial obstacles. At the same time, I think we would be wrong to try to finance a huge master plan. A continuous succession of fruitful small research enterprises will do more good than overelaboration in planning and frustration in performance. Governments, foundations, community chests, universities, and social work agencies are sensitive to well-organized, well-planned, clearly thought-out, and carefully prepared projects, while I think they will easily set aside grandiose universalities which are indefensible point by point.

Publication is the lifeblood of research, and yet publication of serious work is one of the most difficult and unsatisfactory features of our profession. It would be a contribution to social work research if we could multiply by four the periodicals which would accept and stimulate good scholarly work in our field. Something is being done in this line. But compare these efforts with the great abstracts in the natural sciences which list research results from all over the world and permit investigators to trace their material back scores of years. We must add publications and abstraction to our essential frame of reference.

The Section on Research on Social Work of the National Conference of Social Work provides another form of publication. It is a commentary on the attitude of our profession that the new proposals for the National Conference leave research among the also-rans. We should claim a better recognition for research publication in this and in other conferences at every level from the staff meeting to the International Conference of Social Work.

I have already discussed the need for lay partnership in research. Only by using it will our research produce more than Dead Sea fruit. Only when all who are engaged in social work look forward with eagerness for the results of good research to improve their practice will findings be used. There is material here for study. How shall we use what we already know? Fundamentally, we come back to the point from which I started. The central pillar of our framework is a profession in which every worker acknowledges some responsibility for research, on the job, in the office, in the classroom, in committee, and on the

board. The talents of these contributors will vary, but all must have the essential—a questing mind.

Because I think our frame of reference today must have its setting in a wide frame, I close with the closing words of Robert Ulich's powerful essay on *Man and Reality*.

This understanding requires more than a merely impulsive reaction to the challenge of the immediate environment; it asks for even more than the capacity of organization and scientific research. That which gives all our activities their final value and dignity is the gift and action of comprehensive intuition.¹⁶

¹⁶ Ulich, *op. cit.*

The Contribution of Casework to Staff Development

By ANNE WILKENS

WITH UNKNOWN NUMBERS of committees and individuals throughout the United States still working diligently to determine "what is social casework" and define it to the satisfaction of all social workers, it seems a bit presumptuous for me to attempt to discuss the contribution of social casework to staff development. However, being relatively free from worry about the definition and without proper appreciation and realization of the implications that apparently arise if the definition is too broad or too narrow, I am willing to single out some of the casework concepts and skills which seem to influence staff training in agency programs. I have taken unauthorized liberty with other people's writings in this paper, borrowing freely and impartially their opinions, ideas, and words. I apologize to all of them and should I be incarcerated for plagiarism, my case will rest on our need to synthesize, focus, and take stock of experiences in the development of staff which have had sufficient testing so they may be added to our body of knowledge of how people learn through agency experience.

In order that we may have a frame of reference, I am assuming that staff development means the results of "conscious planning by an agency for the continuing growth of all staff members in an efficient and effective performance on the job." I shall present four familiar points of which we speak of so frequently in relation to the client. These broad concepts, some of which are overlapping, are restated in terms of their implications in a staff development program. I shall attempt to show how they apply in our method of training and development of staff, emphasizing, however, that staff relationships are centered in, and revolve around, work situations rather than treatment of individual's personal problems. These points are:

1. There must be recognition by the agency that staff members, like

other human beings, have certain human needs—physical, intellectual, emotional, and spiritual—and these needs as far as possible must be met or considered in assuring the maximum development of the individual staff member.

2. There must be willingness on the part of the agency to permit the staff member, within agency policy, freedom to use his knowledge and skills effectively, conserve the strengths brought by him to the job, and further develop his capacities to the fullest extent.

3. In its work with the client, the agency sees the staff member's likeness to others, but in providing for the development of his knowledge and skill there must be awareness of each individual worker's differences.

4. As a part of agency practice, a staff member should be permitted, according to his capacity, to state his opinions and to participate appropriately in determining agency policy.

That staff members are human beings with all the human needs is not a statement which is breathtaking in its originality. What is unique is the awakening and growing concern on the part of administrators, executives and supervisors, to the fundamental nature of human relations which has been relegated, not in words, but too often in practice, to a secondary position of importance in dealing with staff problems. In a staff development program, the impact of the "humaneness" of staff is met at every turn, beginning from the day the staff member enters the agency. We are now consciously using our knowledge regarding the insecurities that come to staff (regardless of their past experience or training) who must quickly assimilate the objectives and functions of the agency program, understanding of their specific responsibilities, and the knowledge that will be expected of them in this particular agency setting. Faced with new situations, new ideas, new demands on time and habit patterns, the staff member finds himself increasingly uncomfortable under the pressure of coping with unfamiliar situations. This gives rise, in many instances, to fear, anxiety, frustration, resistance, and, sometimes, to the dismay of the agency, quiet submission without real understanding and acceptance of the agency philosophy and purpose or the job he is to do. One new staff member graphically described this learning stage as the "all-thumbs" period or the "everybody-knows-all-things-about-everything-except-me" era. We have learned to expect this state of mind to accompany

the orientation period. Perhaps our awareness has come because the staff member is under close supervision and his behavior is more pronounced. Possibly, through our recognition of the importance of sound orientation, our awareness comes as a result of more intensive examination and study of methods of inducting staff into the agency. We seem to be less alert, however, to the possibility that the problem does not end with the orientation period. Basic program changes, changes in administration, changes of policy within the agency, all bring the same sense of uncertainty and insecurity.

What are some ways we have learned by which to help a staff member emerge from a state of suspension into an actively thinking state, and help him move to the comfortable feeling of security?

We know and we let it be known to the staff that there are certain limitations to how much an individual can learn at one time and within a span of time. Therefore, we do not crowd or smother the worker with too much that is new at any one time. Milton Hall, in the delightful pamphlet, *Staff Development—the Supervisor's Job*, says:

No one would think of eating enough at one sitting to last for a week. Yet in training people, we often expect them to do just about that. We overestimate the amount that people can master or grasp at one time. Mental indigestion sets in and as a result they cannot assimilate anything at all.¹

He points out that it is the supervisor's job to break down the mass of what is to be learned into appropriate-sized meals, and the material must be presented in reasonable-sized mouthfuls. Every supervisor will agree that experience has shown that because the individual has achieved an intellectual grasp of content it does not necessarily follow that he has acquired the ability to apply what he thinks he has learned. This is probably what Einstein means when he refers to "the deceptive illusion of comprehension," or, in my language, "he thought he knew it but he didn't!" There must be an opportunity for testing out, as quickly as possible, what a worker thinks he knows, in a reality situation. It is here that we find that we cannot rely too heavily on our initial introduction of content, whether it be material presented to new staff or instances of changing agency program or policy. We must patiently teach and interpret again and again, until the material be-

¹ *Staff Development—the Supervisor's Job* (Training Manual No. 6, prepared by the Staff Development Section, Division of Personnel and Management, Federal Security Agency [Washington, D.C., 1948], p. 15.

comes a working tool which is understood and can be properly and comfortably used by the worker. Our understanding of the reasonableness of repetition enables us to give help in such a way that the worker does not feel incompetent and ineffectual.

The fact that individuals learn in different ways is a known educational principle which we are likely to quote in speeches but seem to have difficulty in applying in our plan for developing staff. We are all familiar with the two extremes found in learning patterns. First, there is the worker who appears to grasp content rapidly, thereby lulling his supervisor into a feeling of security in respect to his understanding of the material. Inevitably, there comes the reckoning day when the worker's failure in performance must be faced, and we have what is commonly known in the profession as a "supervisory problem." Can the worker be protected from the failure, with all its implications for his continued growth and development, if the supervisor is ever aware that rapidity in learning is not always synonymous with thoroughness and understanding? If the supervisor can control her own sense of disappointment, she will be better able to begin again with the worker. Her acceptance of the circumstances becomes a stabilizing force in an unhappy situation.

Then consider a second worker, who painstakingly and laboriously grapples with new knowledge and at the point when the weary supervisor believes she has exhausted every skill in teaching, quite unexpectedly is able to perform with self-confidence and considerable skill. One worker explained this by saying, "It was like a jigsaw puzzle. Suddenly the pieces seemed to fall into place and I understood what I was trying to do." Suppose the supervisor had put pressure on this staff member for production or had become impatient when it appeared the worker was not assuming responsibility for learning? She would have become anxious, more confused, and it is doubtful under these circumstances if the pieces would have readily fallen in place. Fortunately for both the supervisor and agency efficiency, the majority of staff, placed in a favorable learning climate, will learn, according to Charlotte Towle, "out of their need to learn." Some of us believe that the group setting provides a favorable climate particularly for the introduction of new policy material and in the initial learning period for new staff. When the individual is feeling insecure with unfamiliar material, he is more comfortable when the pressures and the demands

for response to learning are shared with others. There is something familiar, too, in learning in a group since he has experienced it before in school, in church, and in community activities.

Providing opportunities for the worker to have successful experience in using new knowledge as quickly as possible is necessary in the learning process. Mastering parts of the job, however small, will give him the important feeling of satisfaction and achievement which helps him to move on into more difficult learning areas. Supervisors who have a genuine respect for those aspects of the job which are called "the mechanics," seeing management of case load, forms, statistics, reports, etc., as an integral part of the total job, can provide the satisfying learning opportunity in this area. It will serve the worker well in training for accuracy and promptness. He can readily grasp these tangible, measurable factors which have serious implications in job performance if they are properly stressed in relation to providing agency service to people who are in trouble.

I must again refer to "humanness" in agency operation in discussing my second point. Our respect for the individual and our belief that we can rely on the initiative of individuals because of the untapped powers and strengths that can be released for individual and social good are, according to Helen Harris Perlman, a part of our basic social work philosophy. In the administration of agency programs, the administrator wants efficient, effective, and economical administration, and the staff wants economic security and job satisfactions. High on the list of job satisfactions is the desire on the part of the staff member to be treated as an individual and have a real place and function in the whole administrative process. If we see staff development as an integral part of administration, there should be no conflict in the goals of the agency and the staff member; rather, administration will recognize that efficiency, effectiveness, and economy go hand in hand with growth of staff. This growth takes place when a staff member has respect and conviction regarding the agency purpose, knows that the agency approves of, and has confidence in, him; and that his supervision is directed toward helping him to improve his skill in rendering a higher quality and quantity of service.

In a plan for developing staff, then, we would expect that when a worker puts forth the effort to do a better job, to gain in knowledge and skill, there would come recognition in some satisfying, stimulat-

ing, tangible form. The simplest and most important method which we know is the sincere, common, garden variety nod of approval for progress or for a job well done—something which is needed and appreciated both by the neophyte and the sophisticate. Another method is a clearly defined personnel policy which provides for salary increments and promotions with the conditions made known to the staff at the time of induction and reviewed periodically as the occasion demands. Such a policy, coupled with defined job duties and agency standards of performance, gives the worker the security he needs regarding what is expected of him and where he stands with the agency. Still other methods are educational leave opportunities for professional or technical study, opportunity for observation or special study in or outside the agency, short-time assignments in special areas of interest of the individual or of the agency, appointment to agency committees, leadership opportunities in agency activities or serving as the agency representative in community activities (a market frequently cornered by agency executives). Again, there is no one method that will meet the needs of staff and agency. An agency, however, alert to the importance of staff growth and development, with the conscious objective and desire to permit staff to have freedom to use their strength and capacities, will find useful and creative opportunities to accomplish the goal.

My third point brings us again to some discussion of supervision because it is the hub of a program for staff development. Perhaps one of the most frequently expressed fears which I hear from trained and untrained staff is a fear of being "caseworked" by their supervisor. I am not too clear, in every instance, just what this means to each person, but apparently all are in agreement that it is a wretched state indeed, and one against which staff must be ever vigilant else it creep upon them like an imperceptible, tasteless, odorless gas. If staff members are reacting to the artificiality of partially understood casework concepts which are being applied in the supervisory relationship, we might well consider whether the client does not have this same reaction. I can only assume that the casework skill which is so fine when applied to clients and is so repugnant to some social workers under supervision concerns our understanding of individualization. If we understand it to mean the recognition of differences in people, the understanding of human motives and responses which would enable a supervisor to ad-

vise and help a worker more objectively, skillfully, and patiently, as staff members, we should have little quarrel with being "caseworked." We cannot, however, dismiss too lightly the possibility that as supervisors we may be taking over into our practice certain techniques without fully understanding the underlying basic concepts of casework. Consider for a moment the "I wonder" and "What do you think?" technique used so freely in dealing both with client and staff. What are our motivations when we approach certain situations by "wondering" about them? We do not really wonder, we know, and the worker who has been taught by us to be sensitive and observant is quite aware that we know. When we say to a worker, in response to his question, "What do you think?" is this a sincere invitation on our part for joint discussion of a problem and are we prepared to participate on that basis, or do we mean, "You, the worker, tell me first and from my great store of knowledge, I'll check to see if you are right or wrong?" Arthur Altmeyer says that in our vocabulary we have "angel words" and "devil words." We respond positively to "angel words" because they strike our ear as good. "Devil words" are ones which set off a chain of negative reactions. Supervisors who have the professional and personal security to say "I don't know" when they do not know, truly speak "angel words" to staff.

I have turned many times, for aid in clarifying a way that a supervisor can give help to staff, to a paper about supervision (the author and source of which are unknown to me). The writer, in discussing the supervisory process, says a worker should be free to bring to the supervisor's attention those things which he considers his problems. The supervisor, in the process of analyzing and evaluating the problem, thinks with the worker, stimulating him to further thought, supplementing with new knowledge as he is ready to go forward, and carrying him beyond a point to which he would be expected to go alone. The help given him clears his confusion, misunderstanding, and conflicts, and integrates the known and familiar with that which is new in his experience. The objective is to encourage the worker to think for himself, to move toward a broader understanding and consideration of the situation, to develop responsibility for his own thought and action, and through real participation further develop his feeling of responsibility for the quality of service given by the agency. You will immediately recognize this as the casework process. The problem to be

resolved, however, is a work situation and not a personal problem of the staff member. This is no time for the supervisor to be cagey with the worker. The supervisory help must be as solid and substantial as we can make it. The worker, like any other individual seeking help as he grapples with a difficult situation, must feel that the supervisor is a helping, supporting person who will not slide away from him or his problem concealed in a cloak of "devil words." He wants a warm interest from the supervisor, in the matters which cause him concern. He wishes, above all, to be respected as a person and treated as an intelligent, responsible adult.

A worker finds it trying and even painful to make the personal adjustments which are necessary if he is to develop to his full capacity. The supervisor cannot completely spare him from this. He can only have some temporary protections which soften the impact and lessen the pressures. Aware of his difference, the supervisor, through sensitivity and understanding coupled with firmness, helps him to find his inner strength and resources. Among the personal adjustments to be made is the requirement that staff members live together as a group approximately eight hours a day working for a common purpose and toward a common goal. As individuals, they cannot be relieved of their responsibilities because they find them difficult, tedious, or distasteful, nor can they enjoy the luxury of personal idiosyncrasies beyond the extent that these can be tolerated in any community situation which depends for its well-being on the disciplined behavior and the cooperative efforts of each of its members. This is not peculiar to social workers. Self-discipline is fundamental to the growth and development of all individuals. It is also the base upon which additional professional growth must rest. As this base for professional growth is clearly recognized, we will be better able to integrate our philosophy into our professional practice and daily living. We will then become more skillful in applying casework concepts, not only in certain circumstances, but in every instance concerned with human relationships where the dynamics are the same though the purpose of the relationship may be different.

I should like to discuss my fourth and last point primarily in terms of skill in communication. In agency administration, some of our greatest difficulties seem to be due to the inability of the client and worker, the agency and community, and the agency and staff to com-

municate effectively with each other. While we must frankly face the fact that our terminology is baffling and often we are guilty of poor judgment in using professional language when ordinary, everyday terms would more clearly express our meaning, the basic difficulty is more than one of semantics. Part of this dilemma may be because we are better at transmitting ideas than attitudes over our two-way communication circuit. Good communication is possible only when there are mutual respect, trust, and understanding.

Long ago, agency executives learned that agency operations could not be carried out as a single-handed undertaking. To keep attuned to reality situations in the area of policy formulation for agency services, the help of staff must be utilized. Methods for accomplishing this are not always easy. In terms of staff participation, difficulties arise because the channels of communication are not clear to permit a swift, smooth, two-way exchange of information or because the staff is not actually convinced that their ideas are essential in agency operations.

To keep the way clear for communication is an organizational problem requiring such expedients as frequent review of the administrative structure to eliminate bottlenecks caused either by individuals or the structure itself, the routing of correspondence within the agency, and the placing of responsibility for specific action. Channels do not become clear or remain clear by pure happenstance. It is a result of the concerted efforts of all staff, working as a team, dedicated to the belief that every job in the agency carries important responsibilities because, ultimately, the job is concerned with providing better service to people. The machinery of the agency, therefore, must be kept moving—up, down, and across the administrative lines—else people who receive the agency service will suffer. This attitude stems from the agency leadership and is hopefully reflected in every agency activity.

To demonstrate and actually convince staff that their ideas are essential in agency operations brings us to the examination of the areas in which staff is requested to participate and how staff opinion is utilized in agency administration. There are many aspects of administration in which it is inappropriate for staff to participate because they are not qualified through knowledge or skill to deal with the question intelligently. There are other areas where staff does not have access to sufficient information to make effective contributions,

and there are still other areas which require a plain, uncomplicated, direct, administrative order. To call on staff (or for staff to expect to be called on) in these areas is uneconomical in terms of agency time and money. At best, staff participation is a slow and expensive process but usually considered as a good investment by those agencies which have had successful experience with it.

With confusion in respect to appropriate areas and dissatisfaction with the results of staff participation, some executives are questioning whether the value is worth the effort. This, I believe, is unfortunate, and staff might well examine their own performance or they will jeopardize the valuable gains which have been made in this method for staff growth and development.

In agency administration, the executive is the constituted authority, and he must carry this responsibility. When he calls on his staff for help, he is asking for their best thinking and judgment in a given situation. In agencies where the staff participates with the greatest effectiveness, the staff is presented with the problem which has been clarified and narrowed down to provide a direction which will be acceptable to the executive. If there is complete freedom of expression and belief in the value of staff opinion, this need not crystallize opinion or impinge on the rights of staff in a democratic administration. It does channel ideas, provide a realistic frame of reference, and stimulate staff to respond with thoughtful contribution without wasteful, diffused thinking. This results in clear-cut issues which may be re-examined by staff or resolved by the executive. The important thing that a staff often forgets is that with the executive rests the burden of choice. The staff member must be able and willing finally to accept the administrative decision. Usually, this decision is interwoven with many elements of which staff opinion is only one. Prolonged, after-the-fact discussions are detrimental to staff morale. Their strength and energy must now be directed toward putting the administrative decision into action, to giving it a fair trial and a chance to succeed. With clear channels of communication, the staff has a right and a responsibility to keep the administration informed on progress and success of the policy or the symptoms which indicate that the policy was not sound. This must be new evidence, not old arguments.

The worker who has awareness and understanding of the many complicating factors that enter into agency administration usually

can see and fit into his proper role in staff participation. This means that the agency must assume responsibility for keeping staff regularly and currently informed on agency matters which are of concern to them. Staff, on the other hand, must recognize the impracticality of the agency sharing with them all aspects of administration. We know that the deeper the policy change goes toward the core of day-by-day practice in the agency, the more profound is its effect upon those who make use of it. It is essential, then, that the worker believe that any useful idea, suggestion, or criticism that he might communicate does not die in the files and that, in speaking to his convictions, his relationships in the agency are not jeopardized. He does not like a policy, printed and ready for inclusion in the agency manual, to come to him with a request attached for comments and suggestion. It is an insincere and empty gesture because it is too late for his ideas to be incorporated. The policy is now an administrative directive which he must try to understand and apply. The learning period is longer because usually, under these circumstances, he must work through some resistance and frustration. This is neither economical, efficient, nor effective administration in any agency program.

In pointing out some of our inadequacies in making full use of the casework concepts in staff training, I do not mean to paint a dark and hopeless picture because that would be unfair to the hundreds of supervisors who are doing excellent and inspired work in staff development. What I am saying is that as social workers, we have at our finger tips the basic ingredients which are fundamental to the growth and development of individuals—our casework knowledge. We are skillful in applying it in situations relating to the needs of our clients but are less confident and secure in translating the knowledge into a usable form for application to the needs of staff. As we grow with experience and depth of understanding of our casework philosophy, this gap will lessen. At present, to me, it represents a stimulating and challenging problem. Every day I am grateful that my job is staff development.

Effective Management of Staff Time in Social Agencies

By JOHN C. KIDNEIGH

WHEN ONE IS CONFRONTED with the problem of trying to make efficient use of time in social work agencies, he finds that the problem leads him to the very heart of administration itself. Social work has borrowed much from the experience of other professions and other fields of learning in developing its professional methodology. Within recent times it has also tried to borrow from other fields to enhance the effectiveness of the administration of social programs. Efficiency in performance of a team of workers has eluded the experts in management and administration since first the simplest organizations came into being. Frequently, it has been assumed that a change in organizational structure can perform miracles in increasing efficiency. It is true that sound organization patterns are important, but good design in and of itself is no guarantee that ideal ends will be achieved. I feel quite certain that an answer to the questions of effective management of staff time has not yet been found, but perhaps we can look at two or three principles or elements which I consider to be germane to the problem of developing effective management.

We cannot discuss this subject intelligently without accepting certain assumptions at the start. Therefore, I suggest two assumptions which I believe will have rather wide acceptance: (1) social work administration is the process of transforming social policy into social services; and (2) there is a valid distinction between organization per se and leadership per se.

If we accept the definition that social work administration is the process of transforming social policy into social services, we must not overlook the corollary that this process includes the utilization of experience gained in transforming social policy into social services to make recommendations which will both modify the social policy and affect the efficiency of the process itself. The totality of this process of

administration could be listed as follows (recognizing, of course, that while these are arbitrary designations because all the phenomena included in the following list are going on simultaneously and do not necessarily occur chronologically, they may be listed in chronological order for purposes of discussion, analysis, and understanding):

1. The process of getting facts pertinent to the agency objective and program as a basis for establishing decisions
2. The process of analyzing the available pertinent facts and making guesses about the future
3. The development of alternatives available in light of the facts with the selection of one of these alternatives as the designated course of action to take
4. On the basis of the selected alternative, making plans for effectively carrying out the objectives of the agency
5. Under the plan adopted, arranging for a division of work into such units that each unit can be assigned to one person for execution and defining the interrelationships of these units
6. The process of recruiting, selecting, appointing, inducting, training, supervising, and coördinating personnel essential to the enterprise and in accordance with the plan and the organized division of work
7. The establishment and continuous use of appropriate measures to assure that all activity in the agency contributes to the attainment of the selected objective of the program
8. The collection, recording, and analysis of pertinent facts during the course of the total administrative process that will serve as the basis for: (a) accountability; (b) methods of improving the process of administration; and (c) recommendations for modification of social policy

The first three and the last one of this list fall in the function of the social work researcher. So important is the research role in a rational administration that it is my firm belief that the chief of research in any social work agency must have immediate and unobstructed access to the top executive. No wise executive will ever make decisions without full and adequate use of his research staff. The gathering of facts may be undertaken for either one or the other of two reasons: to discover truth; or to support an already adopted point of view. The first of these is research; the second is merely argumentation. Each is

important in its place, but if we are to have a vital, imaginative, and increasingly effective administration we must give more emphasis to the first. Organizationally, we must safeguard the integrity of the research function.

With respect to the second assumption, that there is a valid distinction between organization and leadership, I refer you to the distinction made by Mooney and Reiley¹ for clarity of description of the distinction between these two concepts. You will recall that they point out that organization refers to more than the frame of the edifice. It refers to the complete body with all its correlated functions. It refers to those functions as they appear in action, the very pulse and heartbeat, the circulation, the respiration, the vital movements, so to speak, of the organized unit. It refers to the coordination of all these functions as they cooperate for the common purpose. In other words, organization may be described as relating specific duties or functions in a coordinated whole. Leadership, on the other hand, is an art in human relations which can be described as the art of directing and inspiring people which must be based on a deep and enlightened human understanding. Professor Chapin² has described socialized leadership as being characterized by skill in arousing the self-expression of fellow workers; organizing the emotions of the group members around the plan or the cause in the interest of developing a sentiment of loyalty; institutionalizing the organization rather than personalizing it; the intelligent use of conference methods; and main reliance on the principle of growth from within. A sound organizer may be a poor leader or administrator because his temperamental qualities may not fit him for the latter task. On the other hand, it is inconceivable that a poor organizer can ever make a good leader if he has any organizing work to do.

The heart of our present concern involves the analysis of work being performed within the social agency with the hope that we may discover certain units that are measurable and countable. We are also hopeful, of course, that we can establish standards of performance for each unit so that we will be in a position to determine how many duties of what kind may be placed upon each individual worker with

¹ James D. Mooney and Allen C. Reiley, *Principles of Organization* (5th ed.; New York: Harper, 1939).

² F. Stuart Chapin, "Socialized Leadership," *Journal of Social Forces*, November, 1924.

the expectation that the product of that worker's labor can be satisfactory. If we can identify measurable units and can establish standards of performance for each unit, it is likely that we can approach success in the effective management of staff time in social agencies. This will be only half an answer, however. The other half of the answer is in the human beings to be assigned to these units of work under these established standards of performance. Let us, therefore, discuss briefly these three aspects of our problem: (1) the analysis of the work to be done to find a measurable unit; (2) the establishment of standards of performance for each of these units; (3) some considerations of the human element.

1. *Analysis of the work.*—One of the ways in which we can analyze the duties being performed within the social agency is to apply the techniques developed by the position classifier in the personnel field.³ This method offers us a way to make orderly and systematic the allocation of each position within the social agency as it now exists to established classes of positions on the basis of similarity of duties, level of responsibility, and duty complexity. Each position is evaluated as to: (1) the variety of duties included, hence the variety of skills needed for the discharge of the duties; (2) the amount of guide lines provided, hence an estimate about the originality needed for the adequate discharge of responsibility; (3) the amount and kind of decision- and commitment-making power which the position includes; (4) the number and kind of person-to-person contacts which are essential to the discharge of duties in the position; (5) the nature of supervision received from the position above in the hierarchal chain; and (6) the amount and nature of supervision given to subordinate positions. While this method may systematize to some extent the position structure within the social agency, it falls short of the goal we seek. The reason for this is that each position, consisting as it does of a constellation of duties, is accepted as the unit to be measured or counted. Perhaps a smaller unit will prove more useful to us.

Another way in which we might analyze the duties being performed in a social agency might be called "duty analysis." This method requires a minute breakdown, step by step, of each and every operation in each and every duty performed by each and every worker in

³ See Ismer Baruch *et al.*, *Position-Classification in the Public Service* (Civil Service Assembly of the United States and Canada, 1942).

the total organization. Such an analysis provides a way to arrange the sequence of steps in each duty in a rational order. It makes easy the elimination of unnecessary steps. It suggests ways to combine separate operations judiciously. It calls for prepositioning of materials, equipment, and supplies. It provides an improved method for the discharge of each duty which should materially reduce induction training time. The small savings in time and effort become cumulative. During wartime the training within industry division of the War Manpower Commission produced the famous Job Methods Training, which was based essentially upon this principle. The results of the use of this method, of course, were vastly improved manual and office operations wherever it was applied.

Another way in which we can analyze the duties being performed within the agency is to recognize that every position, if viewed from the functional analysis standpoint, consists of at least three functions:

1. The function of determining what to do: this function may be circumscribed more or less by the place within the hierarchal chain of authority where it may be found.
2. The doing of the something which was determined or, in other words, the execution of the duties: this phase of every position is the one most easily recognized by the observer and frequently takes up most of the time of the employee.
3. The decision of questions which may arise in the course of performance in conformity with predetermined rules and practice: this function is found in nearly every position but more predominantly in the supervisory positions.

An analysis of positions from this viewpoint might suggest ways in which to rearrange duties according to their functions so as to improve by specialization the adequacy of performance in each function. It must be recognized, moreover, that every position will always have these three functions, one perhaps more dominant than the rest, but the others always present. It is the correlation of these functions in orderly and well-balanced fashion which will contribute to the efficiency of the work no matter at what level of authority the position may be found.

As the size of the organization increases, each position becomes more specialized, and each such position has a smaller proportional part of the total agency function. This increases geometrically the

problem of coördination. Hence, it becomes increasingly important to develop procedures, manuals, and media of communication. Also, it becomes imperative that a larger proportional amount of staff time be devoted to purely coördinative effort.

Whichever method of analyzing duties may be adopted we know that what we seek is to put together in each position a set of duties which we can reasonably expect a worker to accomplish at a given rate at a satisfactory level of quality and quantity of performance. We hope, therefore, that the cluster of duties assigned to a given position is rational. We need research on this point. What kinds of duties in the social welfare agency are related to each other methodologically, psychologically, and functionally?

2. *Standards of performance.*—Let us look at the next aspect of our problem, namely, satisfactory performance. In this connection we are confronted with the necessity of facing what seem to me to be three essential principles:

1. Efficiency and adequate use of the worker's time are related to the clarity of the definition of purpose of the agency as a whole, and of the particular constellation of duties assigned to a worker, specifically. In other words, an analysis of each job and each duty will aid us in excluding time spent upon activities that are not reasonably related to the purpose of the agency or the purpose of the specific job.

2. The work of a social welfare agency should be judiciously divided into units of work, and these units should be related to each other in such a way that the delegation of authority and responsibility, with the superior retaining responsibility, operates with clarity and certainty. We all know that frustration results from a delegation of responsibility without a corresponding delegation of authority, and that tyranny results from delegation of authority without a corresponding delegation of responsibility.

3. For each of the several duties assigned to any given worker, standards of acceptable performance must be established. I shall not discuss here the technique which has evolved for the establishment of standards of performance, for I dealt with that in an article published in November of 1948.⁴ I do need to emphasize, however, that standards are useless unless they are well known both to the supervisory staff and

⁴ John C. Kidneigh, "Standards of Performance for a Social Welfare Agency," *Public Welfare*, VI, No. 11 (November, 1948), 221-28.

to workers in the agency. The worker cannot be expected to produce effectively unless he knows what is expected of him. The supervisor cannot adequately discharge his responsibilities unless he knows what should be expected from the worker. Uniformity and fairness in evaluating employee performance cannot be achieved without standards. All employees have a right to know the degree of efficiency that they must achieve in order to be classified as adequate employees.

Standards must apply to the most rational unit available. This unit, I believe, is the individual duty rather than the constellation of duties which we call a position. You see, I am advocating the establishment of a standard for each duty to be performed, hence each position will have as many standards as there are duties. The quality standard should describe the expected excellence of performance in connection with the method to be used, the end result to be produced, and the behavior suitable to the discharge of that particular duty. The quantity standard should relate the quality standard to the rate of work, that is, the amount to be accomplished in given units of time.

If we are to find an answer to certain questions concerning the effective management of staff time, our social work researchers will have to design and carry on a good deal more research to give us facts not now available to us. We will need to know the relation of certain required operations to the level of training which a worker brings to the job. We will need to know the effect of experience and repetition of work, that is, whether or not repetition improves performance or speeds it up and, if so, how much. We will need to know what the reasonable relation of one kind of work duty or unit is to another in the successful accomplishment of a particular program. We will need to know more about what kind of duty requires what kind of personnel. We need a great deal of research to be more sure that certain duties require a person who brings to the job a certain kind of education, certain type of experience, certain personality factors and other traits or characteristics which, in total, give the greatest promise of making a successful worker. We have made considerable progress in this direction already by relating certain kinds of duties to certain required minimum education and experience based on the assumption that there is a correlation between education and experience in a given field and successful performance of duties in given social work agency positions. We need more time studies ingeniously

devised to throw more light on the relation of quality performance and the rate of work. As the quality of professional competence rises, the number of interviews per client to reach a certain point in treatment is reduced. At what level of professional competence do we reach the point of diminishing returns? These and many other little questions should be explored by our social scientists and social work researchers.

3. *Some considerations of the human element.*—A good many books have been written on the human element in administration. Notable contributions have been made by Mary Parker Follett,⁵ Ordway Tead,⁶ Harleigh B. Trecker,⁷ and Karl de Schweinitz,⁸ to name a few. Many writers have implied or stressed proper selection as the key to most, if not all, personnel problems. I cannot agree with writers like Urwick⁹ who seem to imply that if you just make the right selection of personnel you have solved your personnel problem. This does not mean that selection is unimportant. On the contrary, it is very important. Thorndike¹⁰ has given us a masterful presentation of methods which we can use in making the selection process more rational. Space does not permit an exhaustive discussion of selection of personnel. I merely mention it as an important factor, among many other important parts of the personnel aspect of administration.

If we were to design the most perfect organizational pattern, if we were to have a complete and rational set of procedures, and if we were to select the most competent of personnel, we might not get the most effective use of staff time. All these are important, but the persons engaged in our social work agency enterprise might not, even then, perform up to the optimum if there was a lack of reasonable unity in what we have come to call in social work a philosophy. Coördination implies an aim or objective. But it does not follow, even where there is a true mutual interest, a mutual understanding, and a degree of mutual participation, that each and every member of the organiza-

⁵ Henry C. Metcalf and L. Urwick, eds., *Dynamic Administration; the Collected Papers of Mary Parker Follett* (New York: Harper, 1940).

⁶ Ordway Tead, *Democratic Administration* (New York: Association Press, 1945).

⁷ Harleigh B. Trecker, *Group Process in Administration* (2d ed.; New York: Woman's Press, 1947).

⁸ Karl de Schweinitz, *People and Process in Social Security* (Washington, D.C.: American Council on Education, 1948).

⁹ L. Urwick, *The Elements of Administration* (New York: Harper, 1943).

¹⁰ Robert L. Thorndike, *Personnel Selection, Test and Measurement Techniques* (New York: Harper, 1949).

tion does in fact carry in his mind a deep understanding of the objective and how it may be attained. In social work, a "deep understanding of the objective" goes to the heart of our fundamental concepts of the nature of man, the function of society, and the role of social work. The "how it may be attained" is related to the professional methods we have developed which we call casework, social group work, and community organization. In other words, the "deep understanding of the objective" is what we believe, and the "how it may be attained" is the procedure we see as necessary to achieve the objective.

It is my contention that optimum or maximum performance cannot be expected unless the persons in our agency hold relatively the same views concerning the objective, and accept relatively the same methods or procedures for working toward that objective. It seems obvious that if we wish to increase the effective use of staff time we must give considerable attention to in-service training in addition to designing organizational patterns. We must capitalize upon the "socially constructive passion in every man," as Mary Parker Follett put it, to assure that every member of the agency staff is deeply imbued with a respect for the dignity of each human being, that every staff member behaves from a sincere conviction that eligible persons have a right to social services and benefits, and that every staff member dedicates himself to those measures that will reduce human suffering and preserve human values. Our in-service training must not only concern itself with imparting these basic concepts, it must also provide methods for learning how to carry out the duties assigned in such a way that the procedures will be consonant with the essential philosophy of social work.

In the field of medicine the objective is to make the patient well, but the procedure and its application call for a thorough training and a wide experience. In the game of football the objective is to win, but the procedure and its application call for thorough training and much practice in teamwork. In social work, the objective is that people shall have "economic well-being and the deeper source of happiness that is self-realization,"¹¹ and the procedure and its application call for a thorough training, a wide experience, and much practice in teamwork.

¹¹ Benjamin E. Youngdahl, "Social Work as a Profession," *Social Work Yearbook 1949* (New York: Russell Sage Foundation, 1949), pp. 497-506.

It seems obvious, therefore, that persons who are to have responsible places in the social work agency must have professional social work training and experience. Unless a sound social work philosophy emanates from the leaders and supervisors in the social work agency we cannot expect a unity of spirit among the workers in the ranks.

Just one more comment on the human element in administration: We must remember that an organization is composed of persons arranged in groups. We must, therefore, understand and use wisely those principles of group dynamics and group interaction which are now clear. Professor Trecker¹² has rendered a valuable service by presenting some of the facets of this kind of analysis of administration. When we recognize that we are working with a group phenomenon we will begin to apply some of the methods that have been discovered by the social group workers. We will plan and conduct group meetings so as to create and distribute satisfactions among all the members. We will distribute participation and responsibility widely so as to evoke a sense of belongingness among the members of our staff. We will arrange an integration of the several groups within our agency so that harmonious interdependence will support and sustain the unity of the agency. We will enlarge the channels of communications so that the flow of ideas will be continuous and full, not only vertically, up and down the hierarchal ladder of the organization, but also horizontally from group to group. We will use appropriate measures to motivate groups as well as individuals in our agency, encouraging initiative and drawing from each group, as well as each individual, all that it has to give.

I must confess that I have not discussed very adequately or comprehensively the effective management of staff time in social agencies, but I am convinced that a solution to this problem lies in: the analysis of the work to be done to find a measurable unit; the establishment of standards of performance for each of these units; and a deep understanding of human behavior and human relationships.

¹² Trecker, *op. cit.*

Foreign Visitors in Public Welfare Agencies

By *ELMA H. ASHTON*

AS A BACKDROP against which to view the experience of the foreign visitors, it is important to set up a bit of the United Nations Welfare Fellowship structure, including the purpose of the program and its plan of operation.

Each of these visitors is a welfare official or a person designated for an important job in welfare in his country; each is selected by his government to go abroad, for three to six months, to acquire new knowledge for the use of the home country; and at the termination of the fellowship, each returns to his country and to his job, hopefully with an enriched experience that will be helpful to his country in the development of its social welfare programs. Thus the attention of the visitor from the moment of his arrival to the day of his departure is centered on the meaning of the experience in terms of his homeland, its welfare development, his own job at home. If he is intent on learning how to be a United States social worker, he has been poorly selected by his government, and accepted by the United Nations in error.

In carrying out the Fellowship Program, in each country of observation throughout the world, the United Nations works through a central welfare facility selected by the government of the country concerned. In the United States, the United Nations works through the Federal Security Agency, Office of International Relations. That office, through the various bureaus and offices of the Federal Security Agency and through other government departments or national private agencies, plans and supervises the observation.

By virtue of this procedure, every visitor under this program has the benefit of both a bird's-eye view of our welfare programs, and close-range observation in his specific field. His particular field of interest determines where each visitor directs his efforts, and thus what part

or parts of our public welfare he observes. If he is interested in child welfare, for example, he will want to explore what the government is doing in that field, and what is being carried by private agencies and institutions. However, when he is studying services available for children, plans and techniques of administration, operation of institutions, selection of foster homes, placement, and so forth, he is not concerned so much with whether the particular facility is public or private but rather with what part he can adapt to his own welfare structure at home.

Because these visitors, in carrying out the purpose of the Fellowship Program, have concentrated on matters within their own concerns, they have made few comments that are clear-cut analyses of our public welfare as differentiated from our private welfare programs and practices. They have observed our social welfare as an integrated whole and, in general, have seen any part as a segment of that whole. In studying their reports and records of their discussions, however, I have specialized on material that deals directly with, includes, or has implications for, public welfare.

In the process of reviewing the mass of material available, I noted expressions by the foreign visitors of general conceptions of our social welfare covering a broad range of ideas about us. A careful correlation of these ideas seemed to indicate that they would fall under four general classifications, to some extent represented by the following quotations from four different parts of the world:

From a person from one part of Asia:

You do too much for your people. You give them too much. I call it "spoon feeding." You will make them dependent and irresponsible. Even a man who drinks gets assistance. Even a man who doesn't want to work can get food and a place to sleep. My country couldn't afford to give so much with no return, and would not want to.

From a person from another part of Asia:

I believe the United States has developed in public welfare where my country will someday arrive if my government really cares about the people.

From a person from one part of Europe:

The United States has built a magnificent, technically, psychiatrically, and pedagogically equipped hospital, in a swamp—to fight against social malaria. Fortunately, there are those in the United States who know very well that it would be more effective to fill up the swamp.

This visitor stated further that in his country they have spent much effort on filling up the swamp. They believe that is safer and sounder. They do not have the resources to develop also the magnificent technical structure.

From a person from another part of Europe:

The way in which public welfare is carried out in the United States is not new to me; for social welfare in my country was organized in a similar way before the war. Since the economic and social conditions in my country have changed very much with modern and progressive legislation (social insurance covering almost the entire population) I could not propose in my country to apply the less progressive methods that I have seen in the United States. However, I have seen much in administrative methods, particularly in the administration of institutions for children, that will be very helpful to me in my country.

These visitors, I believe, are verbalizing what they have seen as it relates to their own experience and their own jobs ahead, not with a view toward evaluating us, in the sense of determining what is good or bad for us, but rather to clarify for themselves how we seem to them for whatever use that clarification will be in carrying their responsibilities in their countries.

One saw our vast resources and what seemed to him almost lavish and indiscriminate giving. As I listened to him speak, I had a sense of his being in his own country and viewing what he had seen here as if it were placed suddenly in his milieu. It was as if he were saying, "This is not our way of doing things."

The second one seems to be saying, "You are wonderful, and if we could be like you, we would be wonderful." I suspect, however, that exploration with him, of his real meaning, would reveal that he is expressing a positive feeling about us and a wish for better things in his own country, while knowing that his country's development will not necessarily follow ours.

The third and fourth visitors whom I have quoted express the views of those who see us as a people young in social welfare development, a nation with a wealth of resources directed toward ingenious technical advance but slow in progress toward broad social planning. They too speak of what they know in their own countries and view what they have seen as if from that perspective.

This broad range of conceptions not only reflects varieties of individual reactions to individualized scope of observation, but also re-

flects the broad range of differences of background of a group selected on a world-wide basis. Some of these visitors come from countries whose economic development is at a low level, but moving upward, and whose social consciousness is just beginning to emerge. Others come from stable societies whose political, economic, and social life, for decades, has been integrated and operating at a high level, but whose national scene has been shaken by war and postwar conditions. Some have come from cultures abundant in philosophy, traditions, and customs, cradled at the dawn of history, now assimilating some of what we think of as modern ways of life, but maintaining side by side with the modern the revered venerable ways. In the visitors from these cultures, we often find the conflicting forces of the old and the new, the swing from one extreme to the other in the process of seeking a balance. Others come from cultures similar to our own, but from experiences that we have been spared and cannot truly comprehend, out of war devastation and out of extreme individual and national upheaval where the people, by necessity, have created rapidly a new way of life. These visitors are hyperconscious socially, economically, and politically and are uniquely concerned with national developments for the benefit of all the people: total destruction came so near, material resources are so meager, and every human resource is so important for national survival.

All viewed with sincere interest many specific aspects of our welfare picture and made acute comments on the American way of doing things. Through direct quotations and discussion comments I shall try to convey their attitudes and reactions:

1. "Americans have a genius for getting things done." One visitor added: "They have a genius for organization and seem to be able to get themselves organized for almost any purpose they wish to achieve." Some wondered whether we were overorganized in some respects and, through duplicating functions, wasting effort and resources.

2. "Social work agencies are, in general, thoughtfully and skillfully administered." Almost all the visitors expressed high regard for the way in which we carry out our responsibilities. They spoke particularly of the resources made available for certain services, the administrative structures developed to offer the services, the seriousness of purpose and skill of the staffs, and the plan and procedures of operation. They know that all our welfare facilities are not alike and that

some are better than others, but they gained an impression of a high level of administration.

3. "Staff development is considered important, and almost everywhere something is being done to help staffs do their jobs better." In this connection, the visitors were particularly impressed with our use of supervisors, our methods of supervision, our staff discussions, professional conferences, and professional literature. They liked our willingness to discuss ourselves and our work and to share our weaknesses and strengths, for the development of ourselves as professional persons and for more effective job performance.

4. "Americans have an attitude of search and research and have developed unique techniques for studying and analyzing what is being done in the field of social welfare." Our resources in staff and mechanical devices as well as our wealth of publications were almost overwhelming to some.

5. Many spoke highly of the function and operation of the councils of social agencies through which public and private effort is coördinated; of the teamwork in the medical and psychiatric settings where social workers, psychologists, and doctors work together; of the participation of citizens of the community in welfare developments; and of the use of volunteers as staff members.

6. Our way of specializing in certain areas of social work has been a subject of considerable comment. Some said that we are overspecialized. Some saw us as moving away toward a more generic approach to social welfare. Others confined their comments to praise of our technical developments in public assistance, child welfare, psychiatric social work, medical social work, family welfare, etc. From one European came this comment: "American child welfare surprises us with its new ideas, risky initiatives, abundant literature, modern approaches, and great driving power."

7. The Federal-state-local process for public agencies and national-local for private was regarded by some as a high development in democratic operation. By others, it was seen as unsound from the point of view of the people to be served, since it leaves so much room for individual decisions and produces a resultant of discriminations.

8. The methods and techniques of administration and supervision from Federal to local level were praised by many, who were impressed by the flow of information, instruction, guidance, and consultation

from one administrative level to another, and the devices used to allow participation of all levels. They cited the Federal material going out to states for review before final release and of state material going to localities for comment before becoming manualized.

9. The Federal matching of funds was praised by some as a plan that places just demands upon the states. To others, such a plan seemed unsound, and unfair to the people to be served. The latter group could not understand why a wealthy country such as ours should set up and maintain a financial arrangement that perpetuates the known gaps in the distribution of the nation's wealth.

10. Categorical assistance has been viewed with concern by most of the visitors who were unable to find any "social" reason for making assistance available to specific groups rather than to all persons in need.

11. Our way of administering the categorical assistance programs has been highly praised. They like the idea of giving money to be spent as the recipient sees fit; allowing the recipient the right to appeal; and keeping confidential, matters that pertain to the recipient.

12. There were varying comments on what the visitors described as our "individual approach." Some saw us as developing welfare programs and services with concentration on the individual rather than on all citizens of the nation and producing spotty and discriminatory results. Some stressed our individual approach to one another, administrators to staff, staff to one another, and staff to clients; and were impressed by the regard of one person for another. Some thought of the individual approach as direct work with a particular client. Some considered our individual approach as a marked advance in social welfare development; others considered it a way of making up for the lacks in our general social provisions; still others regarded our feeling for, and attitude toward, the individual as important for any kind of social system. All were deeply touched by the individual attention accorded them and the feeling of individual regard for them that emanated from the social workers with whom they had contact.

13. Casework as we know it in the United States is something the foreign visitor hears about, reads about, to some extent sees in operation, but rarely understands. Many of these visitors did not try to understand, for learning about casework was not within their purpose. Some, with a social welfare approach directed toward provisions for

all the people of a nation, apparently saw little place in their programs for casework.

Some thought of casework as a way of working with a client that gives him a feeling of being treated like a human being despite the desperate plight that brought him to the agency. Only a few differentiated between the individual approach of one human being to another and casework as a professional discipline. Those few, I believe, gained a sense of casework as something that transpires between a worker and client that is directed toward helping the client sort out his thoughts and feelings, make his own choices, and make constructive use of the service given. I believe that only one or two of the entire group have gained a working knowledge of what that something is.

Many seemed to think of casework as something we have thoughtfully conceived out of our own national need and skillfully developed through intelligent use of rich material and professional resources. They observed that specific training is essential for effective casework practice as we know it, and they spoke with high regard for our facilities for training and the creative work of our staffs.

14. Many were distressed by the great resources and thus highly developed services in certain centers, mainly metropolitan; and the paucity or nonexistence of such services in poorer areas, particularly the rural, where needs are great. One visitor verbalized a concern implied in comments of many: "The attitude of social welfare should change from service to the underprivileged, to provisions for all; thus public welfare should be a program offering services to all citizens and not to a privileged underprivileged group." This comment was made as a general universal statement, but in context it was clearly an emergent out of the experience in this country.

15. Some noted that our social workers are vitally related to the particular job to be done in the particular agency and thus gain unusual skill in practice, but in general are not so vitally related to the total social scene in our own country and in the world and do not direct our thinking and effort toward the larger social, economic, and political issues of the day. These visitors naturally compare us with themselves and their relation to their own countries, where the social welfare worker is attuned to, and an active participant in, national and often international social movements.

The comments of our visitors give new content to our knowledge

that social welfare development emerges out of a way of life, that a country's social welfare is its own way of meeting its own social needs. Thus the basic approach to social problems and social services varies from country to country. The foreign observer knows that the groundwork for his country's social welfare is laid in his country, is indigenous to his country's cultural, political, and economic soil. He knows he cannot transplant our approach to social welfare, for his country has its own approach. He knows, too, that the resources available will be an important determinant of what he can put into effect. He has tried to understand what we have within the field of his interest and to select those aspects of our social welfare that may be applicable to his country.

We find, therefore, that these visitors do not seek from us our basic philosophy of, or approach to, social welfare or its basic plan or structure. They try to get some sense of our basic philosophy through its various manifestations, but obviously, our country is so big, is constructed of so many different kinds of substance that sometimes do not seem to be "of a piece," that the six-months visitor cannot get a real sense of what we consider our basic philosophy and basic approach.

The statements of what the visitors have gained for their own use seem to me to include a general enrichment of experience, specific ideas for the development of certain kinds of services, knowledge of new methods and techniques of administration, and new approaches to practice at the worker-client level:

1. Some had never seen staff used in developing material for legislation and were anxious to initiate that way of working.
2. Some observed our methods and techniques of social research with a view toward introducing a research program.
3. Almost all the visitors took careful notes on the function and operation of the community chests and councils and social service exchanges, and many spoke specifically of wishing to arouse interest in their countries in this type of community coördination.
4. The idea of staff development, including discussions in which all staff members participate, supervision as a helping function rather than inspection of job performance, and conferences for learning purposes, was carefully studied and seemed to have deep meaning for many visitors in terms of their home settings. Follow-up reports indi-

cate that some of these techniques are already being tried with some success in certain countries.

5. The idea of policy-making as an administrative function was noted by some as having value for them in their jobs.

6. Some spoke of the administrative review as something they might use.

7. The development and use of manuals and bulletins seemed particularly practical to some. Many, however, questioned the possibility of securing an adequate supply of paper for such purposes.

8. Some expressed a wish to introduce in their agencies the attitudes they sensed in this country—helpfulness among workers and between worker and client; respect for each individual on the staff and each individual who comes to the agency. Follow-up reports have revealed that some are feeling differently themselves in this regard and therefore are radiating this feeling.

9. Some hope to introduce case recording. Most of them, however, recognize the necessity for adapting recording to their own situations with the differences in focus, and with limitations in time, clerical staff, and paper.

10. Visitors from certain countries expressed interest in the ideas of right to assistance, right to appeal, and cash for the individual to spend in his own way. Many countries knew about these rights long before we did. Some visitors, however, say that in their countries they do not have the cash for money payments.

11. Visitors from certain countries are interested in developing settlement houses and other neighborhood programs after visiting such centers here.

12. Some found work projects that they considered useful for their countries.

13. Some hope to introduce certain aspects of our trend away from institutions and toward family homes. Housekeeping service was seen as important in this development.

14. One visitor hopes to be able to use, to some extent, in short-term contacts what she learned of casework. She is one of the few visitors who put concentrated effort into learning something about casework, and I believe she gained a feeling for our way of working with the individual in a helping relationship. Her report, however, indicates her

awareness of the necessity to integrate this casework approach into the total social welfare structure of her country, if she is to give it an acceptable and useful place.

Let us now look at what the visitors have said about the international implications of their visits to this country:

I was shocked by how little social workers in the United States knew about my country. I was happy that they wanted to know about my country and that I could dispel some misconceptions.

Many were concerned about our lack of knowledge of the social welfare developments in other countries, and thus our limited opportunity to profit by what might be available to us from the total international scene.

I believe just the process of sharing ideas with colleagues of another country leads to friendliness and a feeling of brotherhood among men.

It is important to me to continue my contacts with experts in another country for my own development and for the continuation of friendly relations between the two countries.

I have been impressed that underneath the superficial differences there is a strong undercurrent of similarity of human nature, human needs and human behavior.

Finally, I quote a person who has put into words a most significant shift that I believe takes place in many who move in feeling from the national to the international scene:

When I was in my country in my job, I had the feeling of being the center of gravity. Through this Fellowship Program, I feel myself being lifted out into a great big world—of which I am a part—yes—a very important part—but of which I am not the center—my country is not the center. My center of gravity has shifted and now I have a sense of belonging to the world.

Our visitors speak to us out of their own living experience in this dynamic world, continuously undergoing political, economic, and social change. What they say to us has vital significance for us in the United States only as we are aware of that world movement, and aware of ourselves as part of that movement.

Social welfare development, as part of the warp and woof of the total organism of a country, is shifting continuously as other basic factors shift. Sometimes the changes are slow, almost imperceptible, and within a country the process is both comfortable and frustrating.

Sometimes the changes are startlingly rapid—thrilling to some, frightening to others. Everywhere movement is inevitable, for the affairs of people are never static.

We are living in a most dramatic era and we are a part of that drama. I believe that the social workers of the United States want to be creative participants in the social movement today, the movement toward sharing among the people what is available within a country and sharing among the nations what is available in the world.

Our foreign visitors offer us one way of participating, both by making available to them whatever they may be able to use and by deepening awareness of them as people representing countries that have much that we might use. What they say to us has value for us as a guide in helping them; and, also, as a new perspective from which we may examine some significant truths about ourselves.

They have expressed sincere appreciation of the warm and helpful way in which we have worked with them as individuals. They have told us that through their visits with us that they have gained much in method and technique, much in enrichment and broadening of base of knowledge, and much in feeling of closeness among nations. We are learning that in some respects they are so far ahead of us, or so different from us, that what they see here merely furnishes them a new background against which to clarify their own convictions, or as one said, "gain a deeper appreciation of what one has in ones own country."

We help them most, I believe, when, with some comprehension of what is happening in their countries, as well as in ours, we offer them the opportunity to see for themselves and choose for themselves; when we know with them that what is good for us may not be good for them, that the direction we are taking in social welfare may not be the direction they want to follow; when we accept deeply their purpose, that is, to gain something that will be useful to them in their own jobs in their own countries wherever those countries are in their own particular social welfare movement.



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